

# BRAVO! ENCORE!: Strategies for Tapering Opioids and Treating Pain

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California Primary Care Association Annual Conference  
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## BRAVO can help you safely decrease the opioid dosage

- Broaching the Subject of the Taper
- Risk Benefit Calculator
- Addiction Happens
- Velocity and Validation
- Other Treatments

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## ENCORE: The Treatment of Pain and Opioid Use Disorder

- E**valuate the Pain
- N**eutralize the Nervous System
- C**ore Strengthening
- O**pen a Conversation
- R**estore Health
- E**ase Suffering

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## Learning Objectives

- ▶ Improve ability to evaluate and categorize pain in order to provide non-opioid solutions and reduce reliance on opioids
- ▶ Learn how to have a conversation about functional goals and expectations during the treatment of chronic pain
- ▶ Discover ways to use health and suffering as treatment doorways for both pain and addiction

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## A Tale of Two Epidemics

- ▶ Chronic Pain
- ▶ Opioid-Overdose Deaths

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► First came...

**The War on Pain**

How breakthroughs in the new field of pain medicine are turning the tide against suffering

**Scott Fishman, M.D.**  
with Lisa Berger

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Then Doctors were Sued or Disciplined for Poor Pain Control

- 1999 Oregon doctor disciplined by Oregon Board of Medical Examiners for failing to provide adequate pain management
- 2002 Bergman v. Chin: Dr. Chin ordered to pay \$1.5 million for under treating pain

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► Next came..  
The Exponential increase of Prescriptions for opioids from Late '90's to Present

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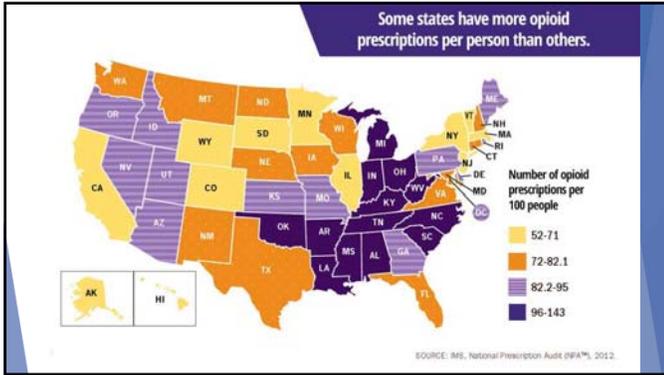
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► Now we are seeing an exponential increase in opioid overdose deaths from 2000 to 2015

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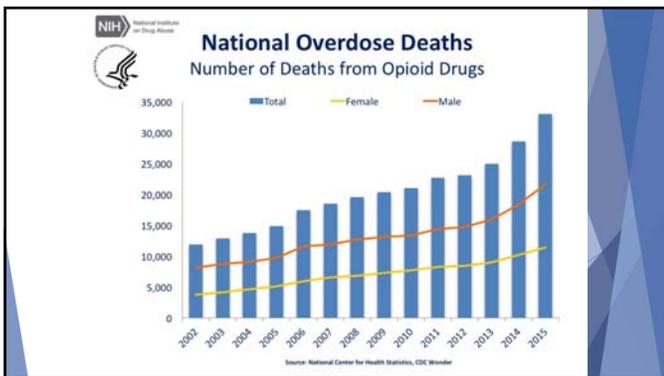
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▶How do we stop **both** the epidemic of chronic pain and opioid-overdose deaths?

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**Case of Opioid PLUS Benzodiazepine Dependency**

▶ 53 year old woman with lumbar pain following lumbar discectomy with laminectomy presents to you because of worsening pain and to establish care. She is currently taking hydrocodone/APAP 10/325 tablet every 4 hours (6/day) and has been taking it for over 5 years. Two years ago she began taking alprazolam 0.5mg three times per day for anxiety as prescribed by previous primary provider. She is also using zolpidem 10mg at bedtime. Her CURES report shows that hydrocodone is frequently filled a week early. Her urine drug test is consistent except for positive test result for oxazepam. When questioned, she admits to using a friend's diazepam when she ran short of her medications. Her pain has been a 9/10 lately and she is feeling depressed.

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**BRAVO** can help you safely decrease the opioid dosage

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### Broaching

- ▶ Recognize the anxiety that is created by mentioning an opioid taper
- ▶ Acknowledge the anxiety and express empathy
- ▶ Make it clear that the taper was carefully considered and is not punitive

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### Risks

- ▶ Discuss risks of long-term opioid use
- ▶ Evaluate side effects, MME's, and function

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### Addiction Happens

- ▶ Misuse of opioids is common in long-term opioid use and can predict subsequent addiction
- ▶ Physical Dependence is not addiction
- ▶ Addiction refers to behaviors: 4 C's (control, compulsion, craving and continued use despite consequences)

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**Velocity**

- ▶ Tapering too fast is a common mistake
- ▶ It's okay to take breaks but never go backwards
- ▶ Validate the withdrawal symptoms and remind patient that they are temporary
- ▶ Use other medication to mitigate withdrawal symptoms

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**Other:** How do we support an **BRAVO** opioid taper in someone that has chronic pain?

Without:

- ▶ Losing Function
- ▶ Losing the Therapeutic Alliance
- ▶ Losing Hope

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Ask for an **ENCORE** and bring alternatives to opioids back into the practice of medicine

- E**valuate the Pain
- N**eutralize the Nervous System
- C**ore Strengthening
- O**pen a Conversation
- R**estore Health
- E**ase Suffering

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### ENCORE: Evaluate Pain

- ▶ What does the pain feel like?
- ▶ What makes it worse?
- ▶ What makes it better?
- ▶ Are there any other abnormal sensations?
- ▶ Is there a time of day when the pain is worse?
- ▶ Physical exam!!

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### Mechanical Pain

Positional, Activity or Functional Dependent Pain

- ▶ Examples include: spinal stenosis, neck pain, shoulder tendonitis, knee or hip arthritis
- ▶ Solutions include: zero gravity chair, assistive devices, improve the wake and sleep posture, and improve the body mechanics

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### Neuropathic Pain

Pain that is driven by a sensitive "alarm system", the peripheral or central nervous system

- ▶ Examples include: neuropathy, radiculitis, complex regional pain syndrome, fibromyalgia, AND **Opioid-Induced Hyperalgesia**
- ▶ Solution is to desensitize the nervous system or in other words, "reset the alarm", "calm the nerves down"...

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### ENCORE: Neutralize the Nervous System

- ▶ The **N**eutralizing Medications: "calm the nerves"
- ▶ Beyond Gabapentin is Zonisamide, Topiramate, Tiagabine and Pregabalin
- ▶ TCA= Tricyclic Analgesics (amitriptyline, imipramine, desipramine)
- ▶ Baclofen, a muscle relaxant and NMDA antagonist
- ▶ Buprenorphine!?!?!?

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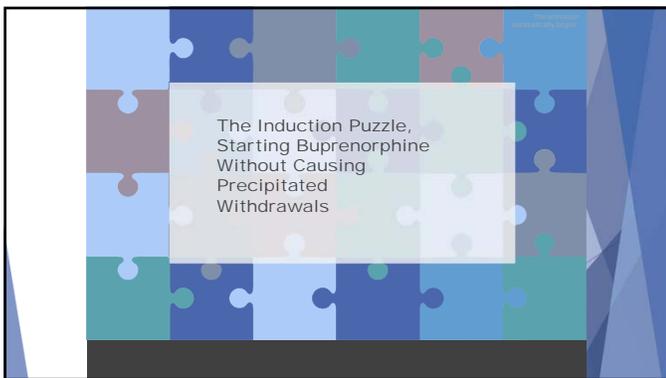
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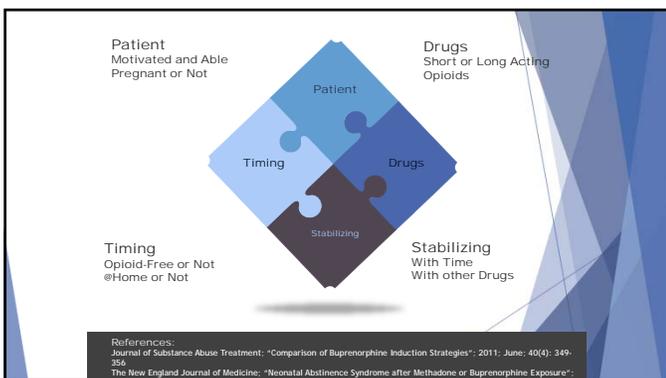
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### Neutralizing Neural Tension

- ▶ Stop Stretching or Hanging on the Nerve
  - ▶ Use arm rests
  - ▶ Stop using recumbent stationary bicycle
  - ▶ Stop reaching
- ▶ Physical Therapy for "Nervous System Mobilization" by "flossing" the nervous system with "gliders" and "sliders"
  - ▶ Book references by David Butler:

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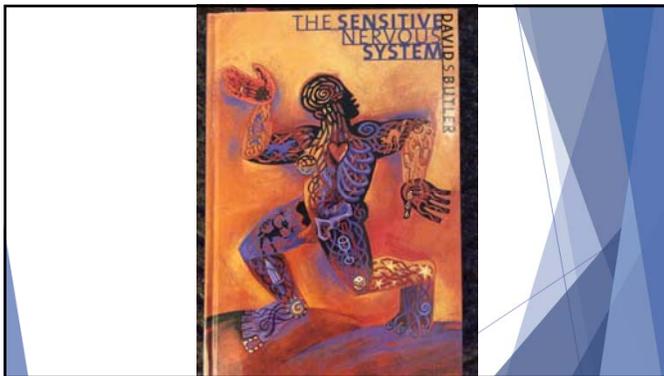
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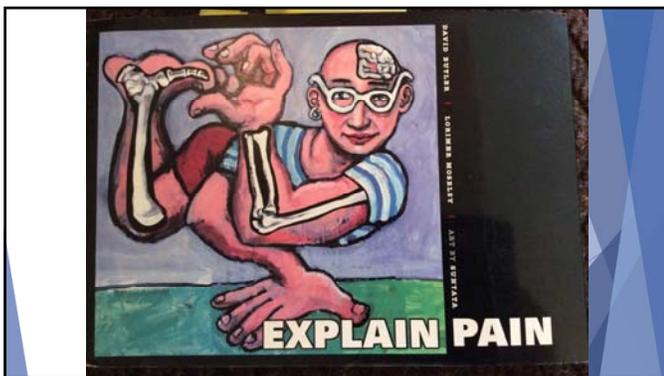
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### ENCORE: Core Strength

- ▶ Poor Core strength in proximal muscle groups: Rhomboids, Trapezius, Abdominal Wall, and Gluteal Muscles
- ▶ Poor Core strength causes painful conditions like: "thoracic outlet syndrome", back and neck pain, trochanteric tendonitis/bursitis, and foot pain (!?!)

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**ENCORE: Open a Conversation**

- ▶ About the expectation to be pain free and to do things the same way
- ▶ About the functional goals (it's not about the pain scale)

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**What are you able to do now with the use of opioids that you were not able to do before?**

- ▶ Sleep better
- ▶ Return to work
- ▶ Resume activities of enjoyment
- ▶ Play with children
- ▶ Exercise

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**How can we help you increase your activity level while decreasing the reliance on opioids?**

Start with addressing the fear-avoidance behavior by helping patients:

- ▶ Learn about the problem
- ▶ Explore ways to move
- ▶ Explore and nudge the edges of pain
- ▶ Stay positive
- ▶ Make plans
- ▶ Remember that hurt does not always equal harm

\*Reference: "Explain Pain" by David Butler

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### ENCORE: Restore Health

- ▶ Pain is a doorway to transformation
- ▶ Pain is a "signal" from the brain that means something needs to change
- ▶ Pain is a motivator

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### Vitamins and Supplements

- ▶ Vitamin D: Low levels associated with chronic pain and headaches
  - ▶ Virtanen, J. K. *et al.* Low serum 25-hydroxyvitamin D is associated with higher risk of frequent headache in middle-aged and older men. *Sci. Rep.* 7, 39697; doi: 10.1038/srep39697 (2017).
- ▶ Acetyl-L-Carnitine for Neuropathy
  - ▶ Sima, AA *et al.* Acetyl-L-Carnitine improves pain, nerve regeneration, and vibratory perception in patients with chronic diabetic neuropathy: an analysis of two randomized placebo-controlled trials. *Diabetes Care*, Jan. 28 (1) (2005)

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### Anti-Inflammatory Diet



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### ENCORE: Ease Suffering

What is the difference between pain and suffering?

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Pain is a physiological experience,  
Suffering is a perception

Suffering is created by **the way we think** about time, threats, meanings, circumstances and stories

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### How can You Ease Suffering in Your Patient?

- ▶ Encourage patients to anchor into the moment instead of using the past as a source of comparison and the future as a source of worry
- ▶ Help patients to develop outlets for frustration like hobbies and exercise
- ▶ Reframe the story as a story of survivorship and strength
- ▶ Be present for your patient

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### Cultural Humility

“a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic and to developing mutually beneficial and non-paternalistic partnerships with community on behalf of individuals and defined populations”  
(Tervalon and Murray-Garcia, 1998)

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We also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, **hope**  
-Romans 5:3



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How can we solve the epidemic of both chronic pain and OUD?

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**BRAVO** can help you safely decrease the opioid dosage

- B**roaching the Subject of the Taper
- R**isk Benefit Calculator
- A**ddiction Happens
- V**elocity and Validation
- O**ther Treatments

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**ENCORE** can help you effectively treat pain and OUD

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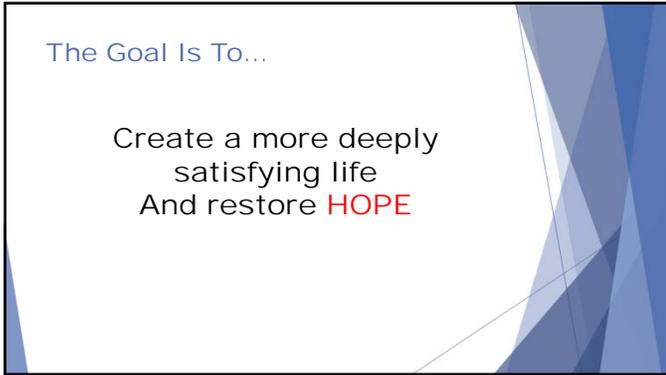
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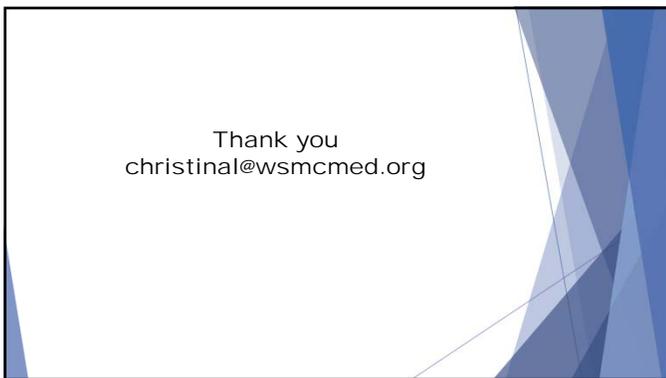
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