Take Patient’s Word in Judging Chronic Pain

BY FRAN LOWRY
Orlando Bureau

Orlando — Do not confuse addiction with physical dependence when prescribing opioids for your chronic pain patients, Dr. Jennifer P. Schneider advised at the annual clinical meeting of the American Academy of Pain Management.

"Do not think the word ‘opioid’ means ‘addict’," Dr. Schneider said. "Patients are seeing the word ‘addict’ and dismissing it." She noted that many patients will wait to see what someone else does before they follow their physician’s advice. "They are looking at the label and saying, ‘Is this an opioid?’ They’ll go out and check it on the Internet. They are so misinformed." She noted that some physicians may not be concerned about the risk for addiction in this population because they perceive these patients as being close to death.

"This is such faulty thinking. Addiction is not the same as physical dependence or tolerance," she said. "We’ve got to get that message across to clinicians," Dr. Schneider said. "We’ve got to get the message across to the patients as well. Sometimes physicians get suspicious when patients complain that their original dose either relieves pain less effectively than before or has stopped altogether," Dr. Schneider said. "When this happens, ask patients about their function. Maybe they are having more pain because they are no longer just sitting on the sofa, like they used to. If they are now able to get up and walk the dog or do gardening, they will need more medication. So don’t just assume it’s tolerance, or worse, that they are drug seeking. If you don’t want them to get back to lying on the sofa, prescribe more." Long-acting opioids are preferable over shorter-acting agents, because they produce even blood levels and more stable pain relief. Short-acting drugs are more likely to cause a "buzz" as they get taken up by the brain. Patients also have to get up in the middle of the night to take short-acting opioids to keep their blood levels constant.

"Short-acting drugs are useful for acute pain, however, and can also be used for rescue dosing," Dr. Schneider said. There is no evidence for major organ toxicity with opioids. However, constipation is a problem for virtually all patients, and they should be aware of the importance of adequate hydration to minimize this. A stool softener also may be of benefit, she said.

"Opioids lower testosterone levels in men, which can put them at risk for osteoporosis," Dr. Schneider advised replacing the testosterone to prevent the loss of bone and to give men more energy and muscle strength. "The ‘big bugaboos’ of opioid prescribing is diversion. ‘Are patients selling their drugs on the street? We all worry about this,’” she said. "To help guard against diversion, Dr. Schneider recommended doing routine drug screening with an additional screen for any special drugs that patients may be taking. ‘A regular urine drug screen will pick up codeine, morphine, and heroin only, but not methadone, fentanyl, oxycodone, or hydrocodeine. If you use the urine drug screen, make sure you test for other drugs, if you suspect the patient is taking other substances.’"

A drug screen is also good to make sure patients are using the drugs as prescribed, she added. Dr. Schneider reported that she also has her patients sign a contract with her, in which they attest they will not engage in illegal or diversional activity and will take their medication in a responsible manner. "If you do all these things and are victimized by someone who is a drug seeker, at least you have documented your efforts and have done everything you can do,” she said.

Transdermal Postoperative Pain Control Device Approved

BY ELIZABETH MECHCATTIE
Senior Writer

A patient-activated transdermal product for short-term management of acute postoperative pain in adults requiring opioid analgesia has received Food and Drug Administration approval.

The fentanyl iontophoretic transdermal system, marketed under the trade name IONSYS by Alza Corp., was approved for use in hospitalized patients.

In an interview, Dr. Eugene R. Viscusi, director of regional anesthesia and acute pain management, Thomas Jefferson University, Philadelphia, described IONSYS as a compact, preprogrammed, needle-free system that provides an alternative to administering morphine via intravenous patient-controlled analgesia (PCA). Each unit is about 2 by 3 inches, with adhesive backing and a dosing button. The patient double clicks the button when analgesia is needed, and 40 mcg of fentanyl is delivered over 10 minutes.

The approval of IONSYS and of DepoDur, a sustained-release injectable morphine for epidural use approved in 2004, illustrate the movement of postoperative analgesia “into epidural use approved in 2004, illustrate the movement of postoperative pain care,” Dr. Viscusi noted. He has served as a scientific advisor to Alza, which has provided research support to Thomas Jefferson University.

IONSYS is applied to intact, nonirradiated skin on the chest or upper arm, and is replaced every 24 hours or when 80 doses have been administered. A maximum of 6 doses per hour and 80 doses over 24 hours can be administered; no more than 1 dose every 10 minutes can be released. Patients should be titrated to comfort before starting treatment, the label says.