



OPIOID THERAPY

Opioids can be taken safely for pain relief. This brochure will review some of the risks and benefits of Opioid Therapy, and what you can expect once you start taking an Opioid medication.

Opioids are used to treat moderate-to-severe pain (pain that is greater than 4 on a pain scale where 0 is no pain and 10 is the worst possible pain). They work like natural substances found in the body (known as *endorphins*) that are produced to control pain. Hydrocodone (Vicodin, Norco, Lortab), morphine (MS Contin, Avinza, Kadian, Oramorph), codeine (Tylenol with Codeine), oxycodone (OxyContin, Percocet), methadone (Dolophine, Methadose), fentanyl (Duragesic, Actiq, Fentora), buprenorphine (Butrans), and oxymorphone (Opana) are the names of commonly prescribed opioids.

Opioids are either *short- or long-acting* (see “Short- vs Long-Acting Opioids” box), and can be used to treat *chronic and acute* pain. *Chronic* (or *persistent*) pain is present over a long period of time. Some examples include pain that is associated with a long-term illness or condition, such as arthritis, low back pain, or cancer. *Acute* pain is short-term and may be severe, for example, pain that is caused by an injury.

Short- vs Long-Acting Opioids	
Short-Acting Opioids	
<ul style="list-style-type: none"> • Also known as “break thru” or “rescue” pain medication • Work more quickly • Treat pain for a short period • Taken as needed when you first start to feel pain 	
Long-Acting Opioids	
<ul style="list-style-type: none"> • Treat persistent pain • Are released in the body over a longer period of time so pain relief lasts for several hours • Taken on a regular schedule (i.e., every 8–12 hours) at the same time every day 	

It is important to talk with your healthcare provider about the type of pain that you are experiencing. See the following checklist (*Explain Your Pain*) for some tips about communicating your pain level to your healthcare provider.

Explain Your Pain

Only you know how much pain you are in. Be sure to tell your pain management specialist the following information about your pain to help him best treat it:

- ✓ When it starts
- ✓ Where it occurs
- ✓ How long it lasts
- ✓ Any “triggers” that cause you pain

Remember, having pain is *not* a way of life--all types of pain can be treated, and be controlled or decreased as the result of treatment.

What are some of the benefits of Opioid Therapy?

Opioids can be very beneficial for treatment of both acute and chronic pain. Opioid therapy can:

- Reduce pain
- Improve quality of life
- Improve pain-related dysfunction (that is, when your pain stops you from doing your normal activities of daily living)

As with any medication, there are some side effects that are associated with Opioid Therapy. The most common side effects that occur with Opioid use include the following: constipation, drowsiness, confusion, nausea, itching, dizziness, and shortness of breath.

The Law does not distinguish among opioid prescription medication, alcohol and even over-the-counter remedies with regards to “drugged driving.” For example, if a medication consists of ingredients that can cause drowsiness, driving after taking such pills could result in a driving under the influence (DUI) or driving while intoxicated (DWI) charge.

Opioid medication cannot be used at a rate greater than the prescribed rate unless it is discussed directly with your physician/provider. The prescribing provider will be the one to decide when and how the patient is to increase or decrease various pain medications.

What if Opioid Therapy doesn’t work?

She can help to decide on the next best course of action, which may include switching to a different opioid or to a new pain medication. Do not stop taking your opioid medication on your own; make sure to discuss stopping medication with your healthcare provider first.

Your healthcare provider will work with you to ensure that you are taking your Opioids safely. **It may be requested by the physician/provider that original containers of medications be brought into the office at each visit to document compliance and to prevent overuse.** As with all prescription medications, some risks are associated with Opioid Therapy. These include **tolerance, dependence, addiction, and opioid-induced hyperalgesia.**

TOLERANCE to a medication means that a patient may need increasing amounts of the medication to give the same effect that occurred when they first started taking it. Once you are on the right dose of medication for your pain, tolerance usually does not occur. Unless your pain worsens, you will most likely remain on the same Opioid dose throughout your treatment. Just because you are tolerant and need more medication does not mean that you are addicted.

DEPENDENCE means that you may experience symptoms of *withdrawal* if you stop taking regular doses of your Opioid too quickly. Common symptoms of withdrawal include restlessness, insomnia, sweating, or nausea/vomiting. These symptoms can be avoided by slowly decreasing the Opioid dose. You should not change your dose on your own; speak with your healthcare provider if you feel that you need to have your medication adjusted. Just because you develop withdrawal symptoms if you miss a dose does not mean that you are addicted.

ADDICTION is excessive use of a medication or drug even though it may be harmful to the user; it may be defined as “use despite harm.” People who take opioids as prescribed usually do not become addicted. It is important to keep up an ongoing dialogue with your healthcare provider and let him know if you feel that you are using your medications for reasons other than pain control or if you feel unable to control how often and how much of your medication you are taking.

PSYCHOLOGICAL ADDICTION is recognized when the individual abuses the drug to obtain mental numbness or euphoria, when the patient shows a drug craving behavior or “doctor shopping,” when the drug is quickly escalated without correlation with the pain relief or when the patient shows a manipulative attitude toward the physician/provider in order to obtain the drug. If the individual exhibits such behavior, the drug may be tapered and the individual will not be a candidate for continued treatment. The patient may be referred to an addiction specialist, detoxification, or rehabilitation program for medical care.

If you are experiencing side effects with opioid therapy, talk to your healthcare provider. Opioids are just one part of your pain treatment. Your healthcare provider will partner with you to help reduce your pain, and may also recommend other medications, interventional procedures, lifestyle changes, or non-drug treatments that can be used with opioid treatment to obtain the best results.

Opioid therapy may lead to a **ceiling effect** when analgesic drugs have no further effect on pain above a particular dosage level. This may result to **opioid-induced hyperalgesia**, when high dose of pain medication may increase sensitivity to noxious stimuli, even evolving a painful response to previously non-noxious stimuli; pain medication may lead to increasing pain. For example, overconsumption, overdrinking, over-medicated, etc., **may hurt rather than help**. In such cases, the clinician may perform an opioid rotation, suggest wean/taper regimen, place patient on a “drug holiday,” and even consider a rehabilitation or detoxification program.

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Understanding Opioid Therapy

- Store all medication out of harm's way. **Missing or stolen medication** may require an inside office written explanation and/or the following: **(1) Local:** police report, **(2) State:** California Dept of Justice - Bureau of Narcotic Enforcement (BNE Form 1178), & **(3) Federal:** US Dept of Justice - Drug Enforcement Agency (DEA Form 106) form.
- You will not attempt to get pain medications from any other health care provider without telling them that you are taking pain medications prescribed by this office (multiple sources can lead to untoward drug interactions or poor coordination of treatment). We will query the internet database of all narcotic prescriptions maintained by the Attorney General of California for your Patient Activity Report (PAR). Due to the tremendous sensitivity of this confidential report, its distribution is restricted; you will **not** receive a copy of it. Controlled medication is only recorded on the online database when the prescription is turned in to pharmacy with ID/license verification.
- Notify your healthcare provider immediately if you become pregnant or plan to become pregnant.
- Any altering/tampering of a prescription is against the law. A script must be returned to the office for any correction(s).
- If you are experiencing any side effects, your pain care specialist can modify your dose or change your medication. You must discuss changes in condition, which would increase your use of medication, **IN ADVANCE**, by phone consultation or office visit with the physician/provider. Self-escalation of medication regimen without consultation constitute as **noncompliance**. For recent medication changes, you may be directed to return previous prescribed unused medication to the office to be accounted for with proper disposal protocol. Return any unfilled prescription to the office to be voided.
- Random Urine Drug Screen (UDS) and other tests may be requested at any time. Any discrepancy of the aforesaid (i.e., early refill, lost/stolen medication, inconsistent UDS/PAR, legal issues, UDS refusal, etc.) may require an office written explanation of each incident to be added to the permanent electronic record with **supporting documents** (police report, medical-legal documents, etc.).
- As per the Pain Medication Agreement, the patient authorizes the doctor & pharmacy to cooperate fully with any city, state, or federal law enforcement agency, in the investigation of any possible misuse, sale, or other diversion of my pain medicine. The patient authorizes the doctor to provide a copy of this agreement & any medical record to other treating physicians, pharmacy, and concerned agency (workers' compensation, law enforcement, Drug Enforcement Agency, etc.). The patient as already agreed to waive any applicable privilege rule out right of privacy or confidentiality with respect to these authorizations
- In the event of a new medication change, the patient may have to return previous prescribed unused medication to the office to be accounted for (pill count) with proper disposal protocol. Additionally, previous unfilled medication scripts may need to be turned in.
- Patients are expected to treat the staff of this medical center with respect and demonstrate that respect by refraining from loud, abusive, or threatening language or behavior.
- Noncompliance with medication regimen may lead to: (1) closer follow-up date (i.e., month to week to day), (2) increase frequency of Urine Drug Screen (UDS) &/or (3) medication change or taper. **Noncompliance** of the Pain Management Contract may lead to **immediate dismissal**.