

Monitoring and Adapting

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Disclosures

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- Pfizer: Advisor
- Radeas: Consultant

Monitoring

Monitor

- UDS
 - Q 6 months minimum
- NCCSRS
 - monthly to quarterly
- UDS/NCCSRS
 - With any aberration in treatment (lost meds, overuse, sudden pain increase)
- Testosterone level
 - Yearly in males

Monitor

- Documentation of 4-A's, always
- Psychological re-screening, Q6-12 months
 - PHQ 2, 4 or 9
 - GAD 7
 - SCL 90
- Documentation of functional improvement on opioids, Quarterly
 - BPI
 - FAQ5
 - McGill

The Four “A’s” of Pain Treatment Outcomes

- Analgesia (pain relief)
- Activities of Daily Living (psychosocial functioning)
- Adverse effects (side effects)
- Aberrant drug taking (addiction-related outcomes)

Relative Risk

	<u>LOW RISK</u>		<u>HIGH RISK</u>
MEQ	<100	MEQ	>200-300
ORT	<4	ORT	>7-8
PHQ4	<4	PHQ4	>6-8
PHQ9	5-9	PHQ9	>15-19
GAD7	<5	GAD7	>15
UDS	Consistent	UDS	Pos
SUD Hx	none	SUD Hx	active/recent hx
Methadone	No	Methadone	Yes

Risk Management Tools

LOWER RISK

HIGHER RISK

UDS --	6 months	any infraction	3 months	every visit/random
CSRS--	Quarterly	Every Script	Pair with UDS	
Scripts--	Q 3 Months	Monthly	Weekly	
Medication--	IR prep	ER prep	Pill counts	Buprenorphine only
Collateral--	never	once	Q 6 months	every visit
Visits--	Q 3 months	monthly	weekly	
SUD tx-	never	evaluation	ongoing tx	mandated tx
Psych tx-	never	evaluation	ongoing tx	mandated tx

Adapting

What is Pain?

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage, or both.

Somatic Reality

Constant aversive message that your body is damaged or being harmed.

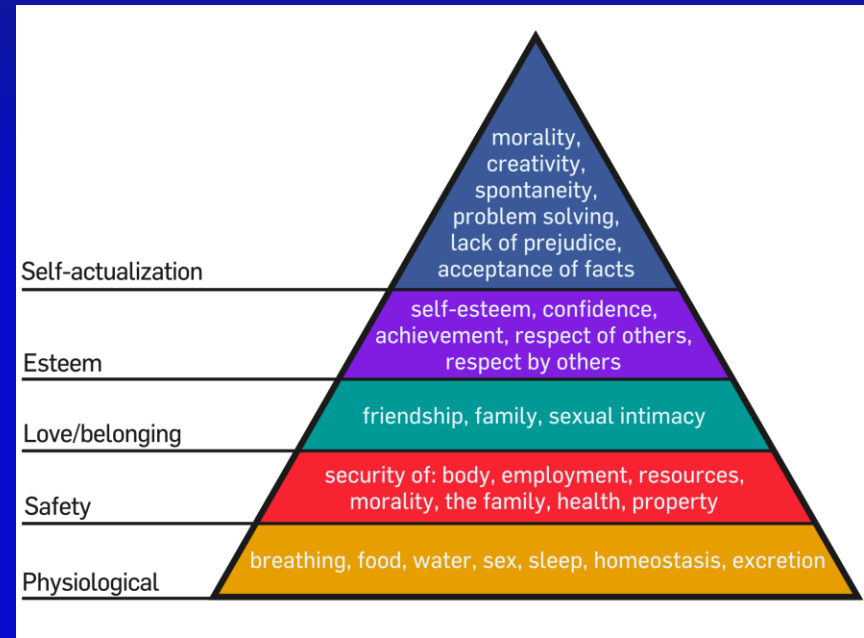
- No other medical condition like it due to
 - Persistence
 - Intrusiveness
 - Behavior change unavoidable moment to moment
- Self perpetuating and self enhancing

Felt Sense of Control

- Central need for ongoing function
- A primary force for keeping egos intact
- Pain is the antithesis of “felt sense of control”
 - Taunting, distracting, behavior limiting, mood modifying

Maslow's Hierarchy of Needs

- Health forms base
- Abandonment of higher level needs
- Dysfunctional behaviors
 - Normal to be struggling for control
 - Regression predictable



Comorbidities

- Pain
 - fight or flight
 - physical agitation
- Depression
- Anxiety
- Personality with impulsivity, irritability, obsessing, catastrophizing
- Cognitive impairment from meds, mood and sleep disorders

Normal Psychological Structure 101

- Everyone makes mistakes
- Everyone has difficult personality features
- Everyone has hidden behaviors
- Everyone has some level of anxiety that shapes behavior
- Everyone has aggression, direct or indirect
- Everyone feels two ways about nearly everything they do, ambivalence
- Everyone tends to regress, get more primitive, when stressed

Optimal Approach

- Avoid playing “gotcha”
 - Patient hiding in response
- Be curious rather than right
 - Educating in response
- Share control
 - Power mutual, not struggled with
- Establish clear limits
 - Trust and no surprises yet responsible

Basic Problem

- Personality based
 - Feels personal
 - Not about you, same with others
 - Will not be changed by your intervention
 - predictable
- Emotional dysregulation
 - Poor affective constancy
- Practitioners emotional response
 - Filling in missing pieces
 - Don't believe everything you think

Basic Solutions

- Set the stage early
 - Football field
 - Contracts
- Repetition
- Written instructions
 - documentation
- Clear and persistent limits
 - Statements, not threats

Questions