



## Tennessee Nursing Home Pain Management and Opioid Safety Collaborative

# Individualized Pain Management and Non-Opioid Approaches to Managing Pain

Training Session 2

Specific Indications: The Key to Individualized Pain Management

# Welcome!



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# Understanding Specific Indications: The Key to Individualized Pain Management

1. What is a specific indication? Why is it so important?
2. Example workflow changes to increase specific indications
3. Results from project Phase 1

# Discuss With Your Team

Which of the following represents an appropriate specific indication for opioid use?

- a) Chronic pain
- b) Left hip pain
- c) Back pain
- d) Osteoarthritis of right knee

# Answers and Explanation

Which of the following represents an appropriate specific indication for opioid use?

- a) Chronic pain: NOT specific because there is no cause or location
- b) Left hip pain: NOT specific because there is a location (left hip) but there is no cause. For example, hip pain could be due to a fracture or osteoarthritis.
- c) Back pain: NOT specific because there is a location (back) but there is no cause. For example, back pain could be due to spinal stenosis or a muscle strain.
- d) Osteoarthritis of right knee: Specific because there is a cause (osteoarthritis) AND a location (right knee)

**D is correct**

# Understanding Specific Indications

Ensure each resident on opioids has a specific indication for use

These data will guide us on next steps to take reduce opioid use and treat pain effectively

- ◆ CDC guidelines: Opioids are not first line or routine therapy for chronic pain

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

# Why is it Important to be Specific about Residents' Pain?

- ◆ To help determine if medication therapy is indicated.
- ◆ To help determine which medication therapy is indicated.
  - Acetaminophen, gabapentin, opioids, etc.

# What is a Specific Indication?

Must have two parts

- Cause
- Location

**Step 1:** Increasing specific indications is the first step of this project



# Specific Indication Examples from Phase 1

Specific	NOT Specific
Left humerus fracture	Chronic pain
Degenerative disc disease	Rheumatoid arthritis
Spinal stenosis	Joint pain
Sacral pressure ulcer	Neuropathy

Most indications documented for nursing home residents have a cause, but are missing a location

# AMDA Opioid Policies

AMDA – The Society for Post-Acute and Long-Term Care Medicine has two primary policy statements related to opioids in nursing homes:

1. Provide access to opioids when indicated to relieve suffering and to improve or maintain function, and
2. Promote opioid tapering, discontinuation and avoidance of opioids when the above goals are not achievable, to prevent adverse events, dependence and diversion.

# AMDA Opioid Policies (cont.)

Specific opioid stewardship strategies in nursing homes include the following:

Nursing home practitioners who prescribe opioids should do so based on thoughtful inter-professional assessment indicating a clear indication for opioid use or what we are calling a specific indication

# Discuss With Your Team

- What processes do you have in place to gather information for specific indications?
- What challenges do you face?

# Example Workflow Changes to Increase Specific Indications



Demographics



Immunizations



Medical Information



Medications



Physical Findings



Current pain assessment and treatments



Cognition



Pressure Ulcers  
Skin Condition



Functional Status



Advanced Directives/  
Power of Attorney



Qsource.

## How to Use Specific Indications

1. Types of pain and how they respond to different pain management treatments
2. Risks and benefits of pain management treatments

# Types of Pain

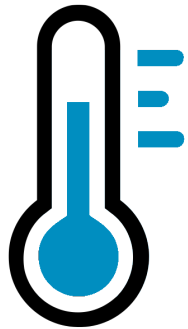
- Nociceptive pain
  - Caused by damage to body tissue
  - Usually well-localized and sharp, aching or throbbing
  - Examples: fracture, arthritis
- Neuropathic pain
  - Caused by injury or malfunction of the nervous system
  - Often burning, numb or “heavy”
  - Examples: diabetic neuropathy, post-herpetic neuralgia
- Acute or chronic?
  - 3 months is the cutoff

# Types of Pain Treatments: Non-Medication

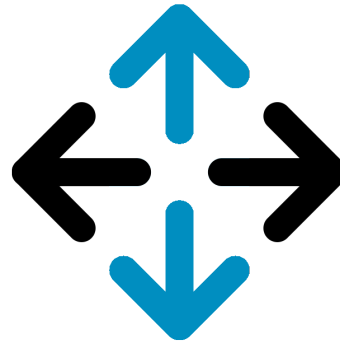
This category has the most options, lowest risk of adverse effects, and can be effective for many types of pain!



**Movement**



**Heat/Cold**



**Repositioning**



**What else?**



**Massage**



**Prayer**



**Meditation**



# Types of Pain Treatments: Non-Opioid Medication

Category	Example(s)	Notes
Acetaminophen (APAP)		<ul style="list-style-type: none"><li>- 325 mg APAP can be combined with 200 mg ibuprofen for effective pain relief</li><li>- Generally safer than other oral medications</li></ul>
Oral non-steroidal anti-inflammatory drugs (NSAIDs)	Ibuprofen, naproxen, meloxicam, celecoxib	Can cause GI, cardiac and renal adverse effects
Topical NSAIDs	Diclofenac	Fewer adverse effects compared to oral NSAIDs
Tricyclic antidepressants (TCAs)	Amitriptyline, nortriptyline	Can cause anticholinergic effects and increase fall risk

# Types of Pain Treatments: Non-Opioid Medication (cont.)

Category	Example(s)	Notes
Serotonin and norepinephrine reuptake inhibitor (SNRI) antidepressants	Venlafaxine, duloxetine	Generally safer than TCAs
Gabapentinoids	Gabapentin, pregabalin	Can cause edema, caution with heart failure and renal disease
Other topicals	Capsaicin, lidocaine, many others	Can be less expensive
Muscle relaxants	Baclofen, cyclobenzaprine	Cause sedation
Anticonvulsants	Carbamazepine	Can cause drowsiness/dizziness

# Types of Pain Treatments: Opioids

Example(s)	Notes
Buprenorphine patch	May be safer than other opioids
Codeine	Frequent GI upset
Fentanyl patch	<ul style="list-style-type: none"><li>- RESIDENT MUST BE OPIOID TOLERANT</li><li>- 50-100 times stronger than morphine</li></ul>
Hydrocodone	
Hydromorphone	Four times stronger than morphine
Morphine	
Oxycodone	
Tramadol	<ul style="list-style-type: none"><li>- Drug interactions with antidepressants</li><li>- Safer than other opioids?</li></ul>

ALL opioids (1) Cause CNS depression, especially when given with other CNS depressants; (2) Increase fall risk; (3) Need caution with kidney and liver impairment; and (4) May be ineffective for some types of pain.

# Types of Pain and How They Respond to Different Pain Management Treatments

- Osteoarthritis
  - Exercise, patient education
  - Acetaminophen, topical NSAIDs, capsaicin
- Neuropathic pain
  - SNRIs like Cymbalta, lidocaine patches, gabapentin, Lyrica
- Low back pain
  - Exercise, limit bedrest when possible
  - Acetaminophen, SNRIs like Cymbalta

# Guiding Principles for Use of Pain Treatments



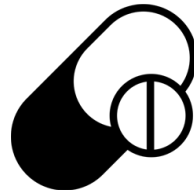
## **Non-Medication Pain Treatments**

should be added first and stopped last



## **Non-Opioid Pain Medications**

should be added second and stopped second to last



## **Opioids**

should be added last and stopped first

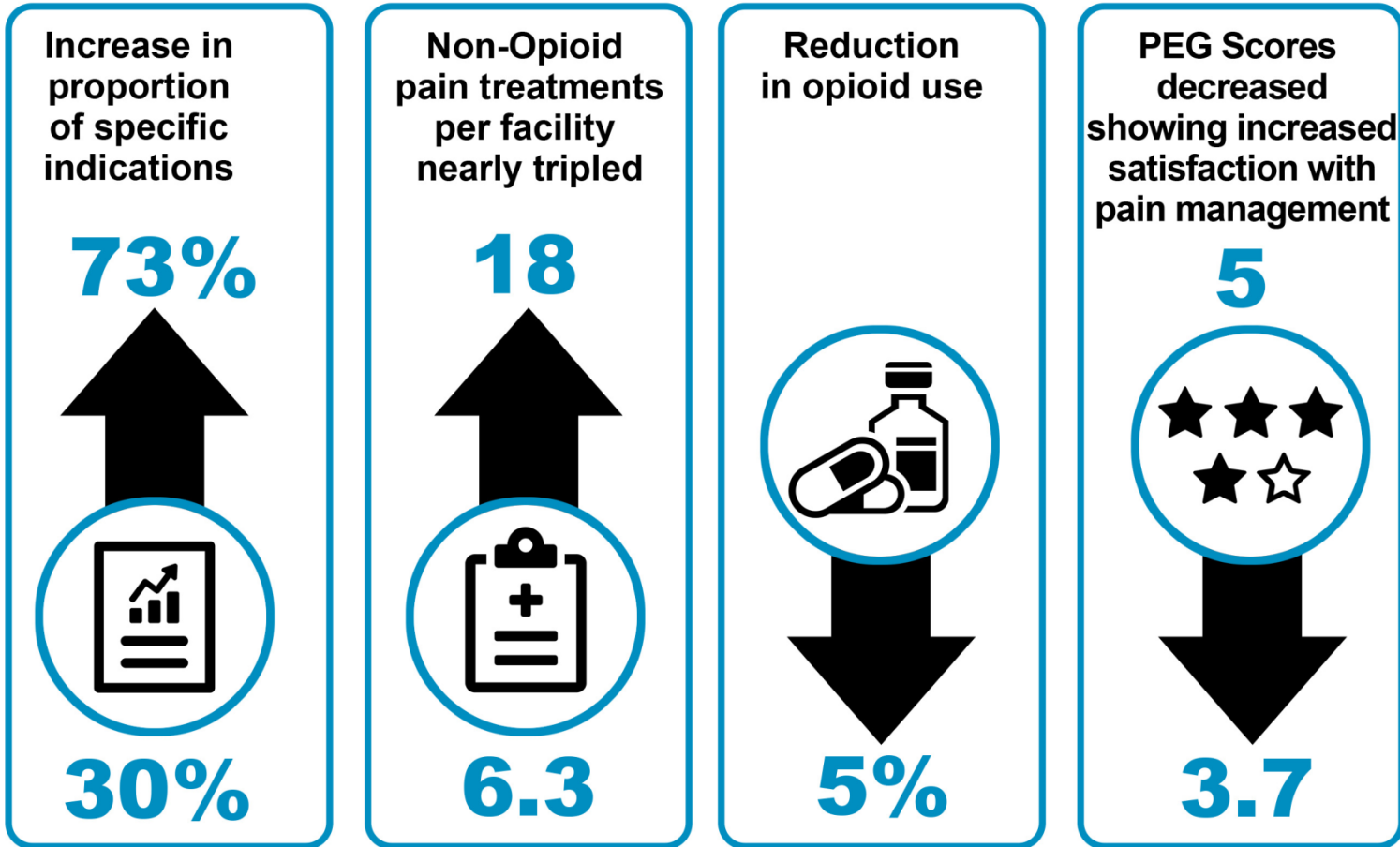
# Discuss With Your Team

- Has your facility used these guiding principles before?
- What are your greatest challenges in implementing principles like this?

# To Be Continued During One-On-One Technical Assistance Sessions

- Defining facility-specific challenges in choosing pain treatments
- More details on options for pain treatment

# Phase 1 Results





## Next Steps

1. Complete your Post-Test for this session
2. View Training Session 3



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