Finding The Balance

Colorado Society of Anesthesiologists[SM]

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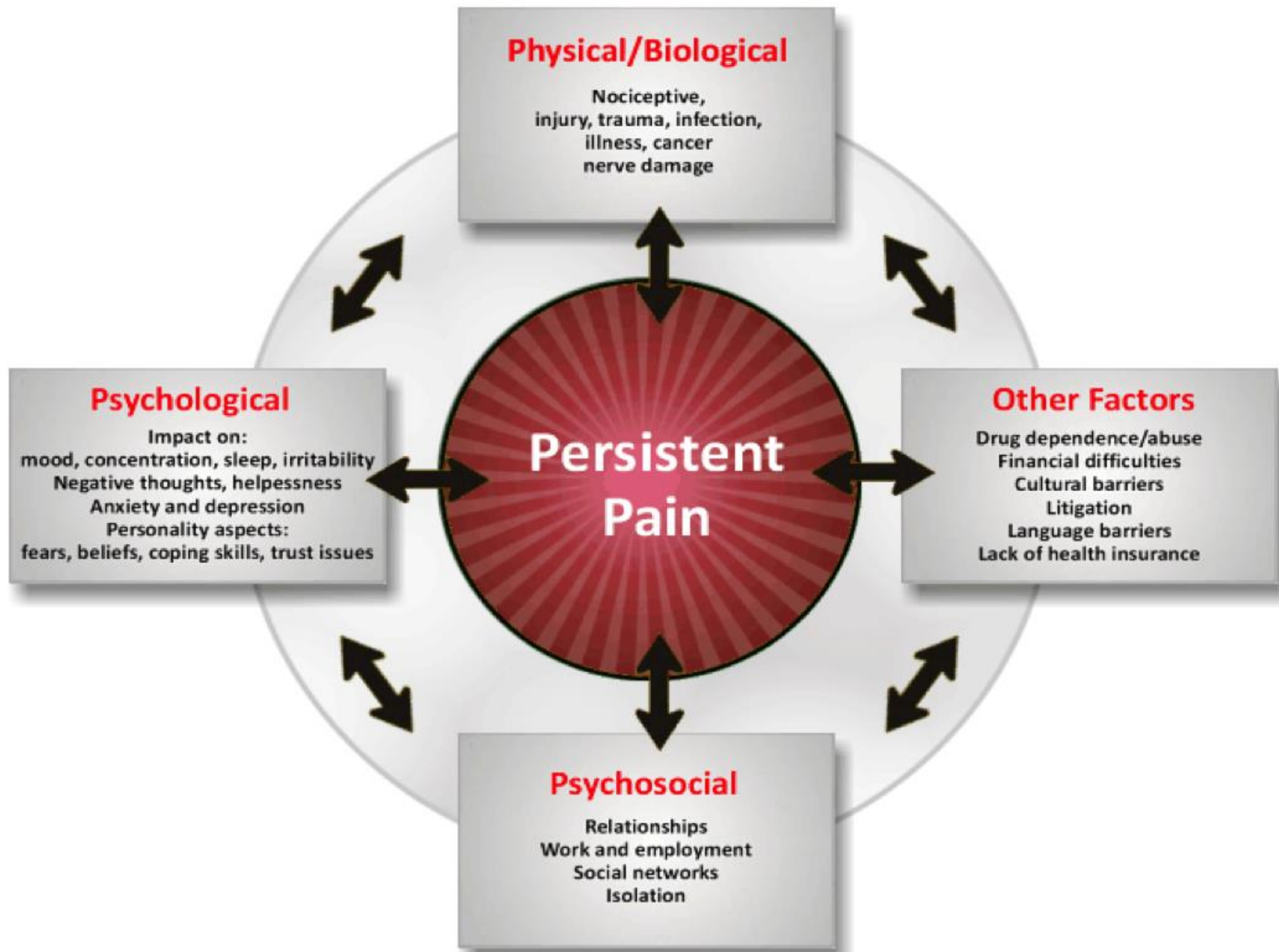

Physical/Biological
Nociceptive,
injury, trauma, infection,
illness, cancer
nerve damage
Psychological
Impact on:
mood, concentration, sleep, irritability
Negative thoughts, helpessness
Anxiety and depression
Personality aspects:
fears, beliefs, coping skills, trust issues
Persistent
Pain
Other Factors
Drug dependence/abuse
Financial difficulties
Cultural barriers
Litigation
Language barriers
Lack of health insurance
Psychosocial
Relationships
Work and employment
Social networks
Isolation

My View From the Frontlines

- Practicing anesthesia faces acute and chronic pain on a daily basis
- Acute and chronic pain services see a continuum of needs and disability
- Scientific consensus does not obviate the use of opioids
- Multimodal analgesia and close follow up are essential to successful care.

My Job

- Provide safe and effective anesthesia
- Provide safe and effective pain care
- Minimization of side effects
- Safety when dealing with potentially dangerous medicines
- Ensure a proper return to function and, ultimately, society
- Avoidance of transitioning from acute pain to chronic pain

My Challenges

- Substance abuse and physiologic dependence are often confused.
- Substance abuse is a family illness.
- Dearth of education regarding multimodal pain plans.
- Patients demand immediate cessation of pain.
- Regulators fail to assess function as an outcome in pain management.
- Payers frequently underfund or overlook inpatient and outpatient pain services.

My Plan: Multimodal Analgesic Therapy

- The use of different classes of analgesics and different sites of analgesic administration to provide superior dynamic pain relief with reduction in overall dose, and thus, side effects.

- Joshi GP1. **Multimodal analgesia techniques and postoperative rehabilitation.** Anesthesiol Clin North America. 2005 Mar;23(1):185-202.

My Tools: The Opioids

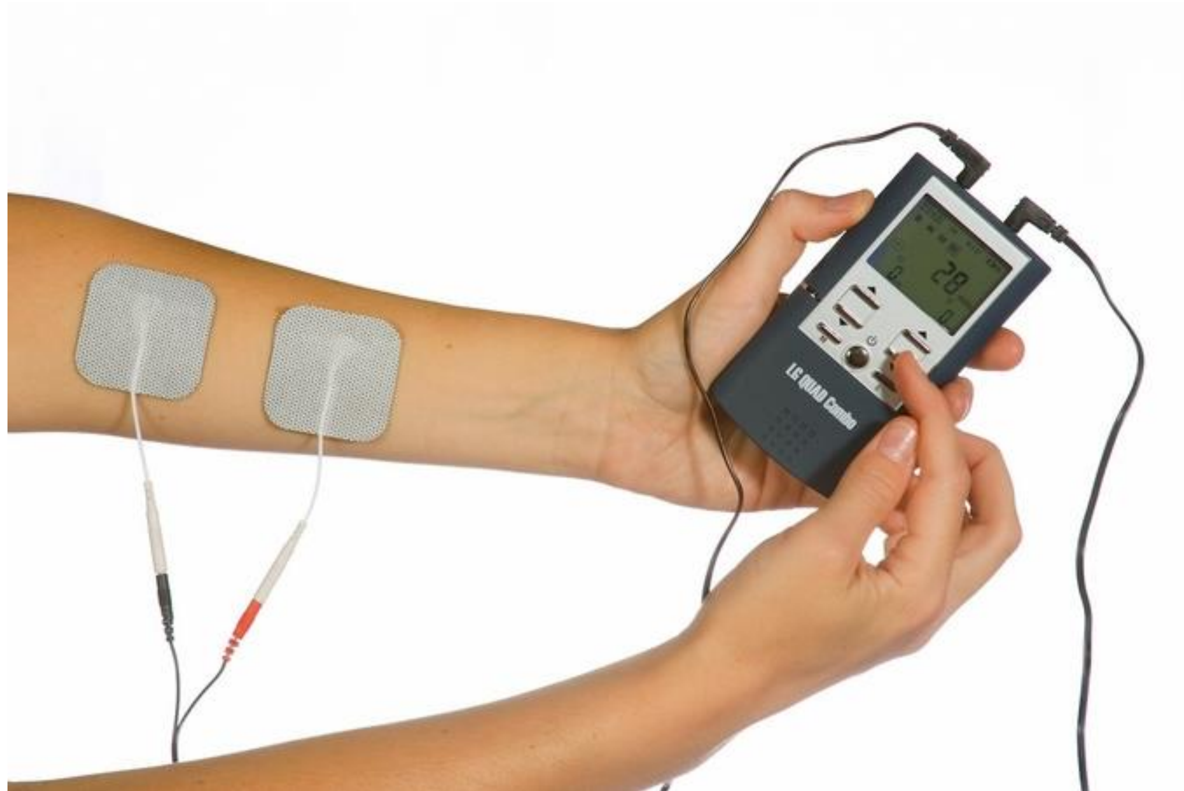
- Morphine
- Hydromorphone
- Fentanyl
- Meperidine
- Codeine
- Hydrocodone
- Oxycodone
- Methadone

My Tools: Adjunctive Pain Medicines

- Non-steroidal Anti-inflammatories
- Acetaminophen
- Nerve Blocks
- Topical anesthetics
- Gabapentanoids
- Muscle Relaxants

My Tools: Non-medical therapy

- Physical Therapy
- Massage
- Heat and Ice
- Pain psychology
- TENS units
- Acupuncture
- Dry needling



My partners in state and national advocacy

ASA has been a leader in addressing the opioid crisis

- Created an ASA Ad Hoc Committee on Prescription Opioid Abuse
- Supported key legislation which included ASA supported provisions on increasing naloxone availability and public health grant programs for monitoring programs
- Collaborated with CDC on recommendations for primary care provider education on opioid and advocated for clarification that this does not apply to treatment of post surgical pain
- Partnered with AMA on the Task Force for Prescription Opioid Abuse
- Advocated for reassessing HCAHPS questions of pain management to assess patient satisfaction

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AMA Task Force to Reduce Prescription Opioid Abuse

- ASA member since creation in 2014; supports the goals to:
- Increase physicians' registration and use of effective PDMPs.
- Enhance physicians' education on effective, evidence-based prescribing.
- Reduce the stigma of pain and promote comprehensive assessment and treatment.
- Reduce the stigma of substance abuse and enhance access to treatment.
- Expand access to naloxone in the community and through co-prescribing.

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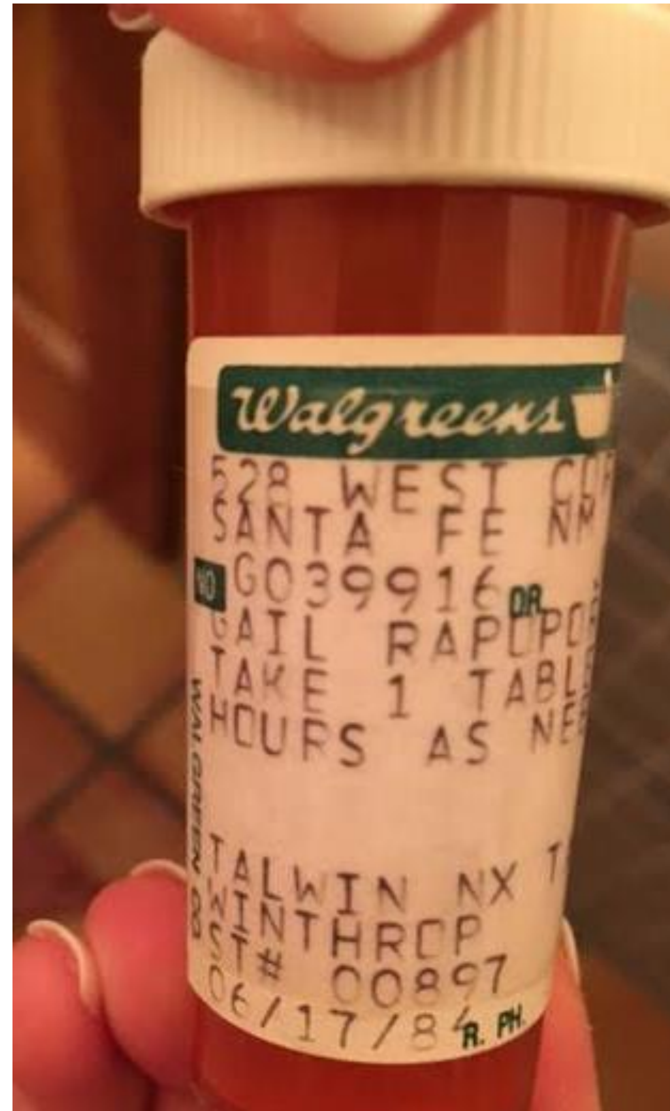
My hospital level work

- Executive sponsored task force on opioid prescribing
- Establishment of pilot opioid prescribing clinical guidelines
- Acute pain service
- Multidisciplinary Chronic Pain Clinic
- Executive sponsored pain steering committee

My Loved Ones



Let’s Talk

- Buprenorphine treatment centers: caution
- Concrete programs: regulation vs. partnering
- Fentanyl: excellent tool, poorly understood

Contact Us!

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