Disability Risk Management in Today’s Workforce: Chronic Pain and Opioid Addiction

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The vast majority of painful conditions resolve or recede with appropriate care and time
85-90% of painful episodes fall into this category
Let’s call that “simple pain” (Care + Time = Healing)
Chronic or Complex Pain

What complicates the natural recovery from painful conditions?
– Physical/structural
– Biochemical
– Psychophysiological
– Attitudinal
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• Physical/structural (nociception)
  classical understanding of pain
  body as a living machine
  pain as “check engine” light
• Biochemical (tenderness)
  systemic inflammation
  increases tenderness, defined as...
  increased pain to touch, pressure, motion
  direct relationship to depression

• Psychophysiological (suffering)
  Sympathetic Nervous System overactivity
  fight/flight, anxiety, stress, panic, worry
  Muscle tension, sleep disturbance, GI
  distress, immune dysfunction
  Fight/flight emotions of anger, fear
Recovery strategies: helped through relaxation,
  mindfulness, exercise, trauma therapies (EMDR, SE, SER, etc)
  psychopharmacology

• Attitudinal (negativity, negative expectancy)
  thoughts, beliefs and judgments affect
  numbing, grief, relationship, self talk
Recovery strategies: redirected through goal
  setting, positive imaging, coaching, DBT, CBT
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- Chemical Dependency
- Mood Disorders
- Eating Disorders
- Trauma
- Complex Pain
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1. Low back pain
2. Major depression
3. Iron-deficiency anaemia
4. Neck pain
5. Other hearing loss
6. Migraine
7. Diabetes
8. COPD
9. Anxiety Disorders
10. Other musculoskeletal

11. Schizophrenia
12. Falls
13. Osteoarthritis
14. Fracture & accommodation
15. Asthma
16. Dysrhythmia
17. Bipolar disorder
18. Medication overuse headache
19. Other mental and substance
20. Dermatitis
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Chronic Pain and Depression

Chronic Pain and Depression

Facing Addiction in America

The Surgeon General's Report on Alcohol, Drugs, and Health
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Examples of Purdue’s Advertisement

"Safe Narcotic based on the slow release formulation."

"Friend for life against the war on pain."

OxyContin
Close to start and stay with easy to start, easy to review.

Some states have more parity with prescription per person than others.

Number of publicist prescription per 300 people:

- 10 T:
- 5-9 T:
- 2-4 T:
- 0-1 T:


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10 states have legislation that limits opioid prescriptions to 7 days or less

Integrative Medicine
- Reaffirms relationship between practitioner and patient
- Focuses on the whole person
- Is informed by evidence
- Makes use of all appropriate therapeutic approaches and disciplines to optimize health and healing
- Addresses physical, emotional and spiritual aspects of life

Case Study
- **Cc:** “I feel terrible.”
- **HPI:** Dr. Jones is a 46-year-old male who presented with complaints of back pain, headache, depressed mood, anhedonia, low energy, insomnia, feelings of guilt, decreased appetite and generalized anxiety. Symptoms have been present for “several years” exacerbated over the past six months in the context of marital and occupational stress.
- **P\(\text{Hi}\):** No history of psychiatric hospitalizations. Was treated in the past by self with Paxil 20 mg QD for anxiety and depression. Was referred by friend to psychiatry three years ago but never followed through. Saw a marital therapist “three or four times about two years ago.” No other psychiatric history reported.
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- **FUH:** Father, who was also a surgeon, may have suffered with, but was never treated for depression. Sister has reported anxiety symptoms and Dr. Jones believes she is engaged in psychotherapy.
- **PMH:** Hypercholesterolemia, Back Pain, Chronic Headache
- **Soc. Hx:** Dr. Jones has been married for twenty two years and resides with his wife, 20-year-old son and 18-year-old daughter. He is self employed and on staff at a local hospital. He reports social EtOH, denies tobacco, denies illicit drug use.

**Current Medications:**
- Lipitor 20 mg PO QD
- Ambien CR 12.5 mg PO HS PRN Sleep
- Percocet 10/325 PRN Headache, Back Pain
- **Previous Medications:** Paxil as above.
- **Allergies:** NKDA

**MSE:** Dr. Jones is a 46-year-old neatly dressed male who appears slightly older than his stated age. His speech is normal in rate and tone. He is coherent but easily distracted. His mood is “rotten” and affect is angry. He denies any auditory or visual hallucinations. He denies suicidal or homicidal ideation. His short term memory is intact as is his long term memory. His attention is impaired, insight and judgment are fair.

**Assessment/Plan:** Dr. Jones is suffering with Major Depressive Disorder, Severe, Recurrent, without psychotic features. He also meets criteria for Generalized Anxiety Disorder. Rule out Opioid Dependence.
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TREATMENT CONSIDERATIONS

- Exercise
- Physical Therapy
- Psychotherapy
- Acupuncture
- Massage
- Pharmacology
- Neuromodulation

EXERCISE

"The handle on your recliner does not count as an exercise machine."

Physical Therapy
PSYCHOTHERAPY

The US Military has investigated the efficacy of acupuncture for pain relief. Concluding that it is indeed effective, they have created a protocol to use with soldiers returning home, a method called "Battlefield Acupuncture."

MASSAGE
Informed Pharmacology

Antidepressant Medication

Therapeutic Effects such as:
- improved mood
- increased concentration
- reduced feelings of guilt, suicidality, and worthlessness

Side Effects such as:
- dry mouth
- nausea
- sexual dysfunction
- constipation
- weight gain
- blood pressure changes
- GI distress
- agitation
- blurred vision
- fatigue
- insomnia

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TMS Releases Neurotransmitters in the Brain

Depolarization of neurons in the DLPFC causes local neurotransmitter release.

Depolarization of pyramidal neurons in the DLPFC also causes neurotransmitter release in deeper brain neurons.

Activation of deeper brain neurons then exerts secondary effects on remaining portions of targeted mood circuits.

These effects are associated with improvements in depressive symptoms.

Pain → Mood → Addiction → Anxiety → Trauma

Patient

Mood

Addiction

Anxiety

Trauma

SIERRA TUCSON
Thank you.

Questions?

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