Take Patient's Word in Judging Chronic Pain

BY FRAN LOWRY
Orlando Bureau

ORLANDO — Do not confuse addiction with physical dependence when prescribing opioids for your chronic pain patients, Dr. Jennifer P. Schneider advised at the annual clinical meeting of the American Academy of Pain Management.

Trust patients to tell the truth when they complain of pain and counsel them about the side effects of opioids.

Dr. Schneider, an internist whose Tucson, Ariz., practice focuses on addiction medicine and pain management, stressed that the patient's word is the gold standard when it comes to judging his or her own pain. However, she said, "Doctors are uncomfortable with this."

The field of chronic pain management is full of misconceptions, she added. For example, cancer pain is more likely to get treated than noncancer pain, because practitioners falsely believe patients will become addicted to their pain medications; some physicians may not be concerned about the risk for addiction in this population because they perceive these patients as being close to death.

"This is such faulty thinking. Addiction is not the same as physical dependence or tolerance. We've got to get that message across to clinicians," she said.

Sometimes physicians get suspicious when patients complain that their original dose either relieves pain less effectively than before or has stopped altogether, Dr. Schneider said. "When this happens, ask patients about their function. Maybe they are having more pain because they are no longer just sitting on the sofa, like they used to. If they are now able to get up and walk the dog or do gardening, they will need more medication. So don't just assume it's tolerance, or worse, that they are drug seeking. If you don't want them to get back to lying on the sofa, prescribe more."

Long-acting opioids are preferable over shorter-acting agents, because they produce even blood levels and more stable pain relief. Short-acting drugs are more likely to cause a "buzz" as they get taken up by the brain. Patients also have to get up in the middle of the night to take short-acting opioids to keep their blood levels constant.

Short-acting drugs are useful for acute pain, however, and can also be used for rescue dosing, Dr. Schneider said.

There is no evidence for major organ toxicity with opioids. However, constipation is a problem for virtually all patients, and they should be aware of the importance of adequate hydration to minimize this. A stool softener also may be of benefit, she said.

Opioids lower testosterone levels in men, which can put them at risk for osteoporosis. Dr. Schneider advised replacing the testosterone to prevent the loss of bone and to give men more energy and muscle strength.

The "big bugaboo" of opioid prescribing is diversion. "Are patients selling their drugs on the street? We all worry about this," she said. To help guard against diversion, Dr. Schneider recommended doing routine drug screening with an additional screen for any special drugs that patients may be taking.

"A regular urine drug screen will pick up codeine, morphine, and heroin only, but not methadone, fentanyl, oxycodone, or hydrocodone. So when you use a urine drug screen, make sure you test for other drugs, if you suspect the patient is taking other substances."

A drug screen is also good to make sure patients are using the drugs as prescribed, she added.

Dr. Schneider reported that she also has her patients sign a contract with her, in which they attest they will not engage in illegal or diversional activity and will take their medication in a responsible manner.

"If you do all these things and are victimized by someone who is a drug seeker, at least you have documented your efforts and have done everything you can do," she said. ■

Transdermal Postoperative Pain Control Device Approved

BY ELIZABETH MECHCATIE
Senior Writer

A patient-activated transdermal product for short-term management of acute postoperative pain in adults requiring opioid analgesia has received Food and Drug Administration approval.

The fentanyl iontophoretic transdermal system, marketed under the trade name IONSYS by Alza Corp., was approved for use only in hospitalized patients.

In an interview, Dr. Eugene R. Viscusi, director of regional anesthesia and acute pain management, Thomas Jefferson University, Philadelphia, described IONSYS as a compact, preprogrammed, needle-free system that provides an alternative to administering morphine via intravenous patient-controlled analgesia (PCA). Each unit is about 2 by 3 inches, with adhesive backing and a dosing button. The patient double clicks the button when analgesia is needed, and 40 mcg of fentanyl is delivered over 10 minutes.

The approval of IONSYS and of DepoDur, a sustained-release injectable morphine for epidural use approved in 2004, illustrate the movement of postoperative analgesia "into this realm of less invasive and less burdensome technologies" that are more user friendly and less cumbersome for patients and nursing staff, Dr. Viscusi noted. He has served as a scientific adviser to Alza, which has provided research support to Thomas Jefferson University.

IONSYS is applied to intact, nonirritated, nonirradiated skin on the chest or upper outer arm, and is replaced every 24 hours or when 80 doses have been administered. A maximum of 6 doses per hour and 80 doses over 24 hours can be administered; no more than 1 dose every 10 minutes can be released. Patients should be titrated to comfort before starting treatment, the label says.

ORTHO-MCNEIL, INC.

The fentanyl iontophoretic transdermal system device (IONSYS) is a preprogrammed, needle-free system.

IONSYS was compared with placebo or IV PCA morphine in seven studies of 3,392 patients (2,114 using IONSYS) aged 18-90 years, with body types ranging from very thin to obese. In those studies, IONSYS provided effective acute pain management after a variety of surgical procedures, including orthopedic, general, and gynecologic surgery, according to Dr. Viscusi. The most common adverse effects included nausea, vomiting, application site–related erythema, fever, and headache.

Dr. Viscusi was the lead author of a study in which more than 600 postoperative adult patients were randomly assigned to either IONSYS or IV PCA. The patients rated the two approaches "as basically therapeutically equivalent" in terms of pain control after 24 hours of treatment, he said. Opioid-related side effects were comparable in the study (JAMA 2004;291:1333-41).

Fentanyl is a schedule II drug with a high potential for abuse. ■

VIGILance Key to Avoiding Hassles in Opioid Prescribing

BY FRAN LOWRY
Orlando Bureau

ORLANDO — When opioids are prescribed for chronic pain patients, following the five-step VIGIL system can lessen the threat of being scrutinized by the Drug Enforcement Agency.

The acronym stands for verification, identification, generalization, interpretation, and legalization, said its developer, David B. Brushwood, at the annual clinical meeting of the American Academy of Pain Management.

"The old advice that says doctors will be okay as long they practice good medicine and document their actions thoroughly is wrong. I don't agree with it. These things may get you out of trouble once you are in it, but I want to teach you how to stay out of trouble in the first place," said Mr. Brushwood, who is a professor of pharmacy health care administration at the University of Florida, Gainesville.

► **Verification.** This is the first step in staying out of legal trouble, and this step involves one of three options, according to Mr. Brushwood. Verify use of schedule II opioids with a previous prescriber; start the patient out on a nonopioid to see how he or she deals with the medication; or call a trusted colleague.

► **Identification.** "Ask for government-issued photo ID of anyone being prescribed or picking up a prescription for opioids for hydrocodone/acetaminophen, including someone who says he is coming in to pick up his mom's OxyContin," said Mr. Brushwood, a Mayday Scholar with the American Society of Law, Medicine, and Ethics.

► **Generalization.** "Keep all controlled substances under lock and key; use only one pharmacy for your controlled substance drugs; and work closely with your pharmacist," he advised.

► **Interpretation.** This fourth step involves using brief questionnaires, such as the Drug Abuse Screening Test (DAST) and the Screener and Opioid Assessment for Patients with Pain (SOAPP) tests.

The first step in staying out of legal trouble is patient verification.

MR. BRUSHWOOD

"When you interpret the results of these tests, you can ask yourself whether you now feel comfortable allowing the patient to have controlled substances," Mr. Brushwood said.

This step also will help to differentiate between the chronic pain patients and the "fakers and liars."

► **Legalization.** This final step "means staying squeaky clean with regard to meeting your legal requirements," he said. Follow state and federal laws for controlled substances, and make no exceptions. ■