

ALTERNATIVES TO OPIOIDS IN CHRONIC PAIN MANAGEMENT



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The opioid Crisis: Are there alternatives to opioids in chronic pain management? The importance of a multidisciplinary approach to chronic non-terminal pain management.

"The Angelic face of opium is dazzlingly seductive, but if you look upon the other side of it, it will appear altogether a Devil. There is so much poison in this all-healing medicine, that we ought not to be by any means secure or confident in the frequent and familiar use of it."

— Thomas Willis (1621-1673)

Jane Smith**, a 68-year old woman, had come for a new-patient visit. She has history of pain in the lower back with radiation into the right lower extremity that started six months prior. After taking her history and doing a physical, we reviewed her low back MRI which showed a cyst in the right joint connecting her 4th and 5th lumbar vertebrae and which was causing nerve pinch and the pain. She was prescribed Ibuprofen and had physical therapy. We performed a 10-minute outpatient procedure to drain the nerve-pinching cyst with resultant complete resolution of her pain. No opioids were utilized in her pain management.

Opioids are powerful medications with morphine-like activities used to treat pain. Opiates are derived from opium, obtained from the juice of the poppy *Papaver somniferum* and morphine is a naturally occurring opioid. According to the

International Association for the Study of Pain (IASP), pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Chronic pain is pain lasting longer than three months or past the normal time for tissue healing. Chronic pain can be terminal or non-terminal. Pain has been described as an untestable hypothesis. It cannot be objectively measured like blood pressure or temperature, but yet is so important and potentially life-impacting. According to Elaine Scarry, severe pain is world destroying [and] to hear about pain is to have doubt; to experience pain is to have certainty (Elaine Scarry in *The Body in Pain*).

For many years, opioids have been employed to manage chronic non-terminal pain. However, recent research data points to insufficient evidence as to the efficacy of opioids in CNTP while demonstrating a dose-dependent potential for adverse events and death (some data and clinical experience suggest that a subset of patients do improve with such therapy). Now, we have an opioid crisis on our hands. According to the Presidential Commission on the opioid crisis, the death toll of the crisis is like a "9/11 every three weeks" with 142 Americans killed each day by opioids. This should not come as a surprise to us.

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ALTERNATIVES TO OPIOIDS IN PAIN MANAGEMENT

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Back in the 17th century, Thomas Willis (he, of the Circle of Willis fame, known to generations of medical students), described opium in critically ambivalent terms: angelic face... seductive... a devil... poison... all-healing medicine.

Which begs the question: are there alternatives to these potentially destructive opioids in the management of patients with CNTP? The good news is that there are. It has been consistently shown that the best results are achieved by a multidisciplinary approach to CNTP management.

One, there are pain medications that are non-opioids. These include non-steroidal anti-inflammatory medications, anti-neuropathic medications that are useful in burning, sharp or electrical shock-like pain, muscle relaxants, or anti-depressants that can also be deployed as pain medications. Second, physical therapy, aqua therapy, occupational therapy or even yoga exercises can be invaluable in pain management. Third, chronic pain being an unpleasant sensory and emotional experience can be helped by such measures such as cognitive behavior therapy, biofeedback and relaxation techniques. Fourth, there are surgical options for some types of CNTP. Surgery usually is a utilized as a final option but can also be the initial

option for example in cases with progressive neurological problems.

Lastly, the interventional pain specialist can manage chronic pain with simple outpatient procedures such as nerve blocks and neuromodulation techniques like spinal cord stimulator therapy in the right settings. Indeed, the interventional pain specialist is the linchpin that critically links the different forms of therapy for CNTP. As an interventional pain specialist, my job can be likened to that of an orchestra conductor skillfully weaving together different therapeutic approaches to optimize outcome.

Back to our case vignette, Ms. Jane Smith had a good outcome utilizing a multidisciplinary approach of physical therapy, non-opioid pain medication, and an outpatient interventional pain procedure. This algorithmic approach, usually avoiding opioids, is the advocated pathway to the management of CNTP.

***Not real name

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