

EPPA Patient Information for Shared Decision Making

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Opioids and Pain Management

What are Opioids?	<p>Opioids are chemicals either found in nature or man-made (synthetic) that are used as medicine to reduce or manage pain. Opioids commonly used in the Emergency Department are hydromorphone (Dilaudid) and morphine. Commonly prescribed opioids from the Emergency Department are hydrocodone (Norco or Vicodin) and oxycodone (Percocet). There are many others; examples include fentanyl and methadone.</p>
What are the Risks Associated with Opioids?	<p>Addiction:</p> <ul style="list-style-type: none">- According to the Centers for Disease Control (CDC), as many as 1 in 4 patients given an opioid prescription by their primary provider will have a problem with opioid addiction.- Many studies demonstrate that the longer the opioid exposure, the higher the risk of addiction but no safe amount or duration has been established.
	<p>Side Effects:</p> <ul style="list-style-type: none">- Tolerance: Meaning you might need to take more of the medication for the same pain relief- Physical Dependence: Meaning you have symptoms of withdrawal when the medication is stopped- Increased sensitivity to pain- Constipation- Nausea, vomiting, and dry mouth- Sleepiness and dizziness- Confusion- Depression- Low levels of testosterone that can result in lower sex drive, energy, and strength- Itching and sweating
	<p>Overdose Related Death:</p> <p>According to the CDC, 33,091 people died of opioid related overdoses in the United States in 2015. The Department of Health attributes 402 deaths in Minnesota in 2016 to opioids. These numbers are on the same scale as deaths from suicide and pneumonia.</p>
What is Opioid Use Disorder?	<p>Opioid use disorder is a condition where opioid use has led to impairment or distress. This can include unsuccessful efforts to cut down or control use and results in problems at work, school, or home.</p>
Who is At Risk for Opioid Problems?	<p>Opioid problems could happen to anybody who takes opioids but there are some risk factors for opioid misuse/abuse/addiction. These include:</p> <ul style="list-style-type: none">- Younger age (older teenagers and younger adults)- A history of childhood sexual abuse- A history of certain mental health conditions- A personal or family history of substance (alcohol, drug, or prescription drug) abuse



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What is Chronic Pain?	Chronic pain is generally defined as pain lasting longer than three months and is not associated with tissue damage.
What is Acute Pain?	Acute pain is sudden in onset and caused by injury or other ongoing process.
Emergency Department Management of Chronic Pain	<p>We understand that it is difficult to live with chronic pain and we want the most effective and safe, as well as convenient and cost- and time-efficient, treatment for all our patients. Management of chronic pain in the Emergency Department on an unscheduled basis does not meet these goals. Because chronic pain and flare-ups of chronic pain are expected/predictable, it does not represent an emergency and as such it should be managed by a provider through a clinic. This is similar to other chronic diseases such as diabetes, asthma, and high blood pressure; these diseases are also best managed by a clinic provider on a scheduled basis.</p> <p>As a result of these factors and the well-established risks of opioids, we do not generally treat chronic pain patients with opioid medications in the Emergency Department nor do we typically prescribe opioids. This is in keeping with the recommendations of authorities and experts in emergency medicine.</p>
Emergency Department Management of Acute Pain	<p>Because of the very real risks associated with opioid medications, there are many conditions where the risks of the medication simply outweigh the benefits. This applies to most sprains, strains, and wounds (cuts, burns). This also applies to low back pain for which there is very good medical evidence that shows that opioids do not help people get better and may actually cause more prolonged decrease in function. There is also good medical evidence that use of opioids for headache patients results in more frequent and difficult to manage headaches.</p> <p>We do not want our patients to be uncomfortable but we also understand that being in pain is an expected and normal part of the human condition that is protective and natural. For situations where opioids do not seem appropriate, we will work to manage your pain with other medications or modalities.</p>
What are Alternatives to Opioids?	<ul style="list-style-type: none"> - Over-the-counter medications such as ibuprofen (Advil and Motrin) and acetaminophen (Tylenol) are effective pain medications. - In addition to medication, there are many other pain management techniques and technologies available.
If You are Prescribed Opioids	<ul style="list-style-type: none"> - Use them only as prescribed; never take more than directed. - Do not take them with other medications (sleeping pills, muscle relaxers, anxiety medications) or substances (like alcohol). - Follow-up with your regular provider (primary doctor, primary clinic, pain clinic, specialist) for further management of your pain. - Be safe with your medication; do not share it with others and store it in a safe/secure location. Dispose of these medications if you have leftovers when you are through with them.
Where Can I Learn More?	<ul style="list-style-type: none"> - https://www.cdc.gov/drugoverdose/opioids/index.html - http://pmp.pharmacy.state.mn.us/assets/files/PDFs/2016/Drug_Resources_for_Patients_2016.pdf - http://www.aafp.org/patient-care/public-health/pain-opioids/resources.html