About This Video (1)

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Penney Cowan: The American Chronic Pain Association is designed to provide peer support and to teach coping skills to people with pain. What that means is that there are a lot of people out there that have gone through all kinds of tests and treatment, and there still may be some level of pain that they have to live with. And so we're there to try to help them; provide them with tools, as well as support by their peers -people who really understand what it's like to live with pain – people who have been there, who live with pain as well. To help them make that transition from the mindset of a patient back to a person again, so that their pain is not their identity. But they really are a person who can function and plan for tomorrow and that's really important.

One of the things that a person with pain needs to do is feel like they really have a better understanding, because fear is the controlling factor in their pain problem and we fear what we don't understand.

The goals of the Consumer Guide to Pain medication and treatments is to provide the person with pain, as well as their family and their friends, with information that they're really going to begin to understand – whether it's about medication, whether it's about a specific treatment, perhaps some kind of procedure or a specific device that's been recommended for them.

There is a lot of information in the Consumer Guide, not only about medication, devices and procedures, but also safety issues about how do you store medication, how do you dispose of it properly, questions you should be asking. Those kinds of things are very important to somebody taking that active role in the recovery process.

So we encourage people to really take their time, look at all of the different chapters and that way they can formulate any questions they may have the next time they talk to their health care provider.

Medications and Chronic Pain (2)

The Role of Medication (2.1)

Person with Pain 1: Medications play a big role in helping me with my pain.

Person with Pain 2: Medications are a big part of my life now. I used to be concerned with taking them, but I realized the benefits from them really outweigh the negatives for me.

Person with Pain 3: They've enabled me to have a life in a way.

Narrator: For individuals with chronic pain, medication can be an important part of an overall pain management program. Medication can improve movement, it can enhance the quality of daily living and it can enable people with pain to function more productively participate more fully and exercise greater independence and control in their lives. But there's more to medication than just filling a prescription. We need to know how our medications work, what we can expect from them and how to use them safely and effectively. In this segment, we'll look at the facts, the challenges, and the common misconceptions about living with pain medication.

Penney Cowan: People expect that there's probably a medication out there that's going to relieve their pain completely. What they don't understand about chronic pain is it is very complex. And I like to look at it as --a person with pain is like a car with four flat tires. And if they get the appropriate medication they're going to be able to fill up one of their tires. And that may be a good thing for them; however they still have got three flat tires. We have to look at what else this individual needs, and the other three tires depends on the individual – whether it's physical therapy, whether it's some counseling, whether it's some biofeedback training, massage therapy and there's a number of different tools that we use as a person moves from that mindset of a patient back to a functioning person again.

David Provenzano, M.D.: The role of medications in chronic pain medicine is often to provide symptom relief, not complete elimination. So what I mean by that is that I can reduce your pain often, but I can't completely eliminate it. But by reducing your pain I'm hoping that it allows you to participate in more activities of your daily living, participate more in possibly physical therapy – which may help you get healthy overall.

Donna A.K. Kalauokalani M.D., MPH: I am actually frequently asked if there's a medication that will take all of the pain and of course without any harmful side effects. And I don't believe there's any such scenario; particularly with the complex and chronic pain issues that we frequently see.

Person with Pain 3: The most relief I get is from physical therapies, stretching and massage are far more helpful -- and some of the relaxation and deep breathing that I've found is far more helpful than the drugs.

Narrator: Medication isn't magic, like any form of therapy pain medication can be a useful tool when we understand its functions and limitations. There are upsides and downsides, risks and rewards. And it's important for us to approach medications with a realistic expectation of what it can and can't do.

First, we need to recognize that while medication benefits people with chronic pain, it doesn't work for everyone. Equally important, we need to accept that medication rarely offers 100% relief from pain, it can however make pain more manageable and reduce it's impact on daily life. Above all, each of us needs to be aware that making medication an effective part of our individual pain management strategy requires us to take charge of our own treatment in close partnership with our physician.

A diagnosis of chronic pain can be life changing and for many of us so is the prospect of living with pain medication. We may be apprehensive about relying on prescription drugs. We may no other individuals who have experienced problems with medication; or we may be confused by conflicting information we have read in books or found on the internet. The truth is pain is a very personal thing. Pain is different for each of us, so are the types of medication that are appropriate to different kinds of pain, and so are our individual experiences with the medications we use. But as complicated as pain can be we don't have to be confused, we don't have afraid. We just need to be informed and aware.

Pain Types (2.2)

Donna A.K. Kalauokalani MD, MPH: The difference between acute pain and chronic pain seems to be reliant on an arbitrary timeframe of somewhere between 3 to 6 months. Where acute pain is pain attributed to an acute injury with a natural healing process that occurs and chronic pain, in very simplified terms, refers to ongoing unremitting painful processes that may not have an underlying physiologic role.

David Provenzano, MD: There are two types of pain, you can basically divide it into acute pain and chronic pain; and then once you do that, it can be divided further – you say is it neuropathic pain or non- neuropathic pain and what I might mean is nociceptive pain.

Donna A.K. Kalauokalani MD, MPH: Breakthrough pain refers to episodic peaks, or breakthrough of an ongoing chronic unremitting pain condition.

Narrator: In general pain can be divided into two categories, acute pain and chronic pain. Acute pain is a severe short term pain typically associated with an injury such as a burn or a broken bone or a medical event such as blood clot or kidney stones. This type of pain usually subsides when the underlying condition is corrected. The second category is chronic pain which is reoccurring pain in various intensities that last more than 3 to 6 months. Chronic Pain can be further divided into neuropathic pain which is frequently associated with nerve injuries and nociceptive pain, which is based in muscles, organs or bones. In addition there are forms of chronic pain such as fibromyalgia for which the causes may not be apparent. There is also a subset of pain called breakthrough or flair up, which are sudden peaks of pain that may require more or more powerful medications to cope with.

Bridget Calhoun MMS, PA-C: Medications are always prescribed on an individual basis. Your health care provider prescribes you with medications based on your past history and other medication.

Medications Used for Chronic Pain (2.3)

Medications Used for Chronic Pain (2.3.1)

Speaker 1: There are a whole host of types of medications used for chronic pain management ranging from agents that are available over the counter as well as prescription medications.

Speaker 2: Anti Inflammatories may be very good for muscular skeletal pain and muscle relaxants may be very good for muscle type pain. And when you have neuropathic pain, you may try specific medications that work very well for the nerve pain, such as some of the anticonvulsants and also some of the tricylic antidepressants.

Speaker 1: The treatments for breakthrough pain are often similarly rapid in onset as well as short acting in nature.

Speaker 3: Different kinds of pain require different kinds of medication. Some can be treated with over the counter drugs. Others need prescription therapies that are only available through your physician. There a literally hundreds of pain medications on the market, but the majority of them fall into a handful of categories. Over the counter medications; the kind we can buy at the drug stores or supermarkets include the non-opioid analgesic such as acetaminophen and what are commonly referred to as NSAIDS, non-steroidal anti-inflammatory drugs. These include aspirin, naproxen sodium and ibuprofen. Another category is opioids, which are derived from or similar to morphine. There are also certain other NSAID medications that are still only available by prescription as well as so called hybrid drugs that combine a pain reliever with acetaminophen or an NSAID medication with an opioid drug. Examples include percocet and oxycontin. Some medications called channel blockers have anesthetic properties. In addition, there are topical medications, those that you apply to the skin. These have been shown to be affective while reducing the side effects that occur with medications taken by mouth, and surprisingly, there are some medications that deliver relief from pain, even though they are intended to treat other conditions. These are known as off label medications, and include drug classes such as antidepressants, sedatives, muscle relaxants, epilepsy drugs and antihypertensives.

Speaker 1: The selection of medications for a particular individual depends on the person, their pain problem, their other medical conditions as well as the other medications that they are taking… There are also things that are related to the individual. For example, some medications require a three times a day dosing pattern for it to be reasonably effective. If one is not able for whatever reason to take the medication in that fashion then the selection would steer against that medication to another one that has a more reasonable schedule for that individual.

Speaker 3: What is more, sometimes people need more than one type of medication to reduce their pain. Your prescriber will work with you to find the combination that brings you the most relief. This process can take time and needs to be a team effort. To do your part, you need to understand the medications you are taking both for pain, and for any other medical issues you may have. You also need to talk openly with your health care provider to be sure he or she is working with all of the facts.

Speaker 2: So there are two important reasons that people need to know and understand what they are taking. The first reason is that many of the medications that are used for chronic pain. People react to different doses, so we have to adjust the dose. The other reason is that many of the medications that we use for chronic pain also interact with many of the medications you may take for other medical conditions.

Speaker 4: Because everyone is an individual and has individual needs, what is good for you may not be good for someone else, even if they have the same condition.

Speaker 5: Well I have real faith in my doctor. When he suggests something I try it, and when it doesn't work I meet with him right away and we change it.

Off-label Medication Use (2.3.2)

Narrator: Medication therapy is a constantly evolving science. Over time we've learned a lot about how pain works and many medications have been developed specifically for pain, but as with all science some discoveries are accidental. And researchers have learned that many of the most useful pain medications are drugs that were developed to treat unrelated conditions such as depression. Those are what we call off label mediations.

Person with Pain: The term off label medication to me means that a certain medication is used to treat a particular disease or an affliction, but sometimes for people who have pain that medication can also turn around and be very useful in controlling the pain.

Bridget Calhoun MMS, PA-C: Chronic pain can be treated in many ways. Sometimes we use the very traditional pain medications. Other times, we use other types of drugs. For example, some antidepressants and anti convulsant drugs can be very effective in treating chronic pain.

Narrator: All of these medications have undergone the rigorous research and testing required for approval by the Food and Drug Administration. Off label simply means that your physician is prescribing you the medication for a condition other than the one it was originally intended to treat. Prescribing off label medication to treat pain is both safe and appropriate.

Autumn Runyon, Pharm. D: It is safe and legal to use a medication off label as long as we have enough data to support that it has been effective in other patience that have had similar symptoms or illnesses.

Narrator: So you might wonder at while first why your doctor's prescribing you a treatment for a condition you don't have, the truth is there's a very good reason for doing that.

David Provenzano, MD: Many of the times where patience of chronic pain we will prescribe them an anti-depressant, not because they're depressed, but because what we are trying to do is use the medication to treat the pain itself. Many of the anti-depressants, especially the older ones and a lot of the newer generation drugs can treat pain independently of their ability to treat depression. So what I mean by that is not only do they treat depression, but they also treat pain as a mechanism all by itself.

Opioids (2.3.3)

About Opioids (2.3.3.1)

Speaker 1: There are many kinds of prescription pain medications but among the most powerful are a class of drugs called opioids which include morphine and codeine. Opioids are typically prescribed to treat acute pain, usually for short periods of time. For example, if you've ever had surgery in the hospital chances are you were given an opioid drug after the procedure to control pain during your recovery. Even if you've never been described an opioid you probably already know some of the names and odds are you've read about them or seen news stories on TV. But even so for most of us what they are and how they work is mostly a mystery. For people with chronic pain those are important things to know so let's start at the beginning.

Speaker 2: Oh, an opioid is a synthetic or non-synthetic chemical-- it's derived from the opium poppy. And within the opium poppy is morphine, codeine and some other chemicals. And then over time the pharmaceutical industry has developed, you know cleaner versions of that basic morphine compound.

Speaker 3: Opioids can be used to relieve acute or chronic pain. And acute pain opioids may be very successful in reducing or eliminating the pain; examples of these types of pain might be a toothache, or an ankle sprain, or a back ache. But with chronic pain the situation is a little more complex. Opioids used for chronic pain are used to reduce your pain level. Between you and your physician you will decide what is an acceptable level of pain control and opioids can be a very useful tool in reducing your pain to an acceptable level.

Speaker 1: Some medications such as the anti-inflammatories treat the actual cause of pain. But opioids work differently by affecting the way we experience pain. Opioids target specific cells within the central nervous system that have the power to regulate the amount of pain we feel. Special molecules on the surface of the cells called receptors act as pain switches that turn on or off in the presence of certain chemicals. When opioids bind with the receptor molecules, the switch is turned off.

Speaker 4: When an opioid binds to a receptor, think of it like a key that's put into a lock. What it does is it changes the way that you process pain, so it reduces the amount of pain that you have.

Speaker 2: An opioid receptor can be compared to other receptors in the body. You know our body is very complicated and it responds to different chemicals and that creates electrical signals... a receptor is just part of a very intricate cell and that receptor in the case the medication once it can be turned on or turned off...

Speaker 3: Now the opioid attaches to a receptor and these receptors are in the central nervous system. What happens with pain transmission is that pain is transmitted through sort of an electrical network in the body and the opioids attach to the receptor and block these transmissions of electrical stimulation that are carrying the pain impulse through the central nervous system.

Speaker 1: Opioids are routinely prescribed and safely used to treat pain every day but some people are apprehensive about using them, partly because they know that opioids are of very powerful drugs that need to used with caution, and partly because prescription opioids are often wrongly associated with illicit narcotics like heroine. Opioids are in fact classed as narcotics and their distribution and use is tightly regulated. It's true too that opioids can be abused and are sometimes bought and sold illegally. However we need to understand that narcotic is a legal term, not a medical term, that covers many different types of drugs that are regulated because of their potential for abuse. Just because they're considered narcotics under the law doesn't mean that opioids are bad drugs or hard drugs. What they are is remarkable prescription medications that help millions of people control pain legally every day.

Speaker 2: There's an important difference between an opioid and a narcotic. A narcotic is anything that is federally regulated. So me as a physician, I have a license to prescribe medications; my license is regulated and so if I do something wrong I can be charged with a narcotic violation. So narcotics include opioids, benzodiazepines... but they also include drugs of abuse; PCP, marijuana... and so the government has regulated all these and they categorize them in different areas. So narcotic is a kind of all encompassing term versus an opioid is that medication, whether it's oral or a patch, it's used to affect the opioid receptors. So I think opioid is a medication and a narcotic is more of a federal term or state term; a legal term.

Speaker 1: Used with care opioids can be a powerful tool to help you manage pain, but it's also a mistake to think that they're a magical cure all, a magic bullet for chronic pain. Opioids are good at what they do, but they're not one hundred percent effective all the time in every case. Opioids work differently with different people and they're more effective on certain types of pain than others. In addition, opioids can lose effectiveness if you use them over long periods of time and even when they work well they require careful monitoring to make sure that the positive effects of the drug outweigh the side effects that come with them. When you strip away all the misconceptions opioids are just another tool to help you manage pain and take greater control of your life.

Speaker 3: Opioids are very effective pain relievers, but especially in chronic pain individuals, they may not relieve all of your pain.

Speaker 2: I think the goals of an opioid and why we would be using them would be similar to anything in pain medicine which would be to hopefully decrease pain, improve function, improve quality of life and limit the potential for, you know, bad effects of the medication.

Speaker 3: With chronic pain many times you will not achieve full relief of pain, but you and your physician will decide what is the degree of pain relief that I am looking for and that I feel comfortable with. So first and foremost the opioid will be used to produce pain relief. Secondly the opioid should be able to allow the person to manage their pain and function and appropriately in they are everyday life.

Types of Opioid Medications (2.3.3.2)

Short-acting and long-acting (2.3.3.2.1)

Breakthrough Pain (2.3.3.2.2)

Weak Opioids (2.3.3.2.3)

Opioids in Combination (2.3.3.2.4)

Methadone (2.3.3.2.5)

Safety and Long-Acting Opioids (2.3.3.2.6)

Side Effects (2.3.3.3)

Side Effects (2.3.3.3.1)

Thinking (2.3.3.3.2)

Constipation (2.3.3.3.3)

Speaker 1: Some side effects of opioids are cognitive. They affect the way you think and the way you respond to the world around you. Other side effects are purely physical, and one of the most common of these side effects, is the one that may be the hardest for people to talk about.

Speaker 2: One of the side effects that almost everyone gets when taking opioids is constipation, and you never really develop tolerance to constipation. And so if you are prescribed an opioid, you have to be treated for constipation to help prevent that from happening.

Speaker 3: Constipation is a very common side effect of opioid medications, and often times it is to the point where we need to prescribe or recommend another medication to counteract the constipation. Something like a stool softener or some other fiber supplement to help the person maintain normal bowel habits. Although this may be difficult for you to talk about, this is a very common side effect, and health care providers hear about this side affect all of the time. So you shouldn't have any embarrassment, or any hesitation in bringing it up with your health care provider, so that you do feel better and so that you can live with the side effect.

Speaker 1: There you have it. For almost everyone who uses them, opioids will interfere with normal bowel habits. But it's not embarrassing, and it's not a big deal. All you have to do is tell your health care provider that you are experiencing constipation, and he or she will be happy to recommend a laxative or high fiber product to help offset the effect of your pain medication. It's just that simple.

Hormone and Immune System Effects (2.3.3.3.4)

Speaker 1: Constipation is the most common physical side effect of opioids, but there are others, and probably not the ones that you expected. For example, many people assume that opioids do terrible damage to vital organs and even the brain over time. But the fact is, that simply is not true. Long term studies of opioid users have shown that opioids are generally safe, and have no significant effect of normal organ functions. However, there are other real but less dramatic side effects which have only recent come to light. One of these is potential changes in hormone levels, and sexual function. Another is the possible link between opioids and impaired immune system performance.

Speaker 2: The opioids are very safe in terms of their effects on body organs. WE now have people who have been prescribed methadone for the treatment of an addictive disorder who have taken it for over forty years. There is no evidence of damage to the liver, kidney, brain, or any other organs. What there is a substantial drop in testosterone levels so that many, especially men, who take opioids, will need to have testosterone replacement.

Speaker 3: The other types of things that we are learning about, and what is becoming more obvious, are things like people on opioids having immunological problems, having hormonal problems… sexual dysfunction is a common complaint. And for some people this is an important part of their life and not something they are anxious to give up necessarily to be on an opioid.

Speaker 4: Many concerns about opioids and their concerns for the long term have been brought to our attention recently. Some of the concerns that we worry about is that they can affect your hormone levels. For example, if you give a male opioids for a long period of time they may have much lower levels of testosterone, which can affect their bones and which can affect their sexual function. We also know that long term use of opioids may affect your immune system, and you may not be able to fight infections as well as you once were.

Speaker 1: Changes in hormone levels or immune system response don't happen overnight. They may take months or years to develop. However, these are changes that can significantly affect both your quality of life and your general state of health. That is why it is important for you and your health care provider to be alert for any early signs of changes, so that you can take steps to minimize their impact of your life later on.

Hyperalgesia (2.3.3.3.5)

Speaker 1: The last side effect on our list, is the one we least understand. But it is also the one the presents the biggest challenge to the use of opioids for the long term management of chronic pain. It is called Hyperalgesia very simply, it is a paradoxical side effect of opioid drugs that can actually make you more sensitive to pain over time.

Speaker 2: One of the other concerns is that we used to think that we could treat everyone pain with opioids. We now know that if we always continue to increase the dose of opioids, that we may actually make you have more pain; and that is a term called opioid Hyperalgesia. By increasing the level of opioids, they actually have the opposite effect that they would normally have, and that is that they actually make a person's pain worse.

Speaker 1: Hyperalgesia doesn't occur in many cases. But when it does, it means it is time to start transitioning from opioid therapy to other non opioid pain medications. As always, you will want to discuss that decision, and the best alternative treatment options, with your health care provider.

Stopping Opioids (2.3.3.3.6)

Addiction, Tolerance, Dependence (2.3.3.4)

Knowing the Difference (2.3.3.4.1)

Speaker 1: Opioids are legally classified as narcotics, and if you stop taking opioids abruptly, you can experience withdrawal. And because the words narcotics and withdrawal are so often linked to the word addiction, people with pain are often worried that they can become addicted to opioid medications. Family and friends may also have concerns, as may employers and co-workers. The problem with words like addiction is that they get used so often by people who don't know what they mean in contexts where they really don't apply. As a result, a lot of what we see on TV, and a lot of what passes for common knowledge is just plain wrong, so let's set the record straight. First, addiction is a physical and psychological disease, not a side effect of medication. Addiction is all about the individual, not the drug. Second, the reality is that true addiction to opioid medications is so rare, that the word addiction isn't even part of the common language of opioid use in pain treatment. Third, what most people mistakenly think of as addiction are actually perfectly natural consequences of opioid use called tolerance and dependence. Because there is so much confusion and misinformation on the subject of addiction, and because the decision to use or not use opioids is too important to be made based on anything other than hard facts, we are going to take some time here to clarify what addiction is and what it isn't.

Speaker 2: In our contemporary society there are many reservations about using opioids. Some of these reservations have to do with the potential for addictions. Individuals are constantly worried and have anxiety about, yes I would like an opioid because I want to achieve pain reduction, but also on the other hand, will I become addicted to the opioid? From surveys and clinical trials, the potential for becoming addicted to a prescribed opioid is very very small.

Speaker 3: Let me try to describe the difference between tolerance, addiction and dependence. Many people on opioids develop tolerance over time, and that basically means that your body becomes tolerant to the drug, and you need more drug to have the same effect or even lesser effect. Dependence is a rather very common phenomenon and is not something for people to be afraid of. All that means is that your body becomes dependent on the medication and if you stop it abruptly you will go into withdrawal, meaning you will have certain physiological things that will happen that are not very pleasant. Addiction is something entirely different. That word is thrown around much too easily by people. Very few people with chronic pain become addicted to their medication. Addiction is a state where the drug becomes your entire life. Getting the drug, taking it, using it… and usually to the individual's detriment.

Speaker 1: Let's review. Tolerance and dependence are natural and normal. Addiction is abnormal and unnatural. When it's your pain, and your quality of life that depend on making the right choice of medication, those are the distinctions. And if you are letting fear of addiction make that choice for you, you may be turning your back on the right choice for all of the wrong reasons.

Tolerance (2.3.3.4.2)

Narrator: Sometimes a quick summary isn't enough; understanding the meanings of tolerance, dependence and addition is so critical to making informed decision about pain medication that we really need to take a longer harder look at each; beginning with tolerance. Tolerance is really a very simple concept; the longer you use a medication the more accustomed your body becomes to it. So after a while you may need to take higher doses of your medication to achieve the same desired effect.

Bridget Calhoun MMS, PA-C: We're often asked about the tolerance that can develop as someone uses an opioid drug over time. All this means is that the body will need higher and higher doses to get the same effect of the drug. This doesn't necessarily have any negative connotations, but it does mean the person may require higher and higher doses. Some individuals fear taking higher and higher doses for fear of addiction, but what's being addressed is the tolerance – the tolerance of the body that can be essentially predicted as they use these medications over time.

Steve Stanos D.O.: The other part about tolerance is you can develop tolerance not just to the pain reducing effects, but to a lot of the side effects. So you may take the medication and it may make you tired, because of an adverse effect, but as you keep taking it your body can becomes tolerant of that and the side effect goes away. So tolerance is a good thing and a bad thing with regards to opioids, but we mostly see it in all patience.

David Provenzano, MD: When people take opioids they can develop tolerance, which can be good for some things and bad for others. Good forms of tolerance may be that you become more tolerant to the side effects of opioid pain medications. For example we know a large percentage of patients that take opoiods have a feeling of nausea and they may have vomiting, but you may become tolerant to those side effects or you may not become as drowsy to these side effects as you once were to these medications. But tolerance can be a negative thing too, and what I mean by that is that you may have been able to take just a few pills before to get pain control, but now we have to give you more pain medications because they're not working as well.

Hildegarde Berdine, PharmD., BCP: Tolerance is simply a natural mechanism in the body that is requiring more medicine to achieve the same pain reduction that as you had with a lower dose of medicine.

Narrator: All tolerance is really is the natural process of your body adjusting to a medication. As your body adjusts you'll find that side effects become less frequent and less severe. But for exactly the same reasons, you may find that your medication is becoming less effective at the dose you're taking; and that's not addiction – it's just the way things work in the normal course of drug therapy for chronic pain. We accept it, we deal with it and we make the necessary changes in our therapy with the help and guidance of our health care provider.

Dependence (2.3.3.4.3)

Speaker 1: Now, let's talk about dependence. Dependence sounds like it means addiction. But it's not the same thing at all. Like tolerance, dependence is a routine part of opioid pain therapy. In fact, tolerance and dependence are really two sides of the same coin. That's because both result from your body's gradual adjustment to the regular use of an opioid medication. And the same changes that make your body more tolerant of a medication also make it more dependent on the medication to make it function normally.

Speaker 2: Dependence is another term you might be wondering about if you are taking an opioid. Dependence means that your body will undergo withdrawal symptoms if you quickly stop taking the medicine. Everyone that takes an opioid will become dependent on the chemical in a very short period of time, usually within two weeks. And there is nothing wrong with that.

Speaker 3: Dependence is another important term with regards to opioids. When you take the medication, your body gets used to the medicine, and it stops making its own opioid. And if you stop abruptly, you go through withdrawal. So tolerance and dependence both occur with almost every patient we put on opioids. So it's not a bad thing. Unfortunately it often gets mixed up with a third term, and that's addiction.

Speaker 2: Being dependent on an opioid is the same as a diabetes patient being dependent on insulin. It is a necessary medicine to help in the treatment of your illness. And you are using that medicine under the supervision of a physician, and taking the medicine the appropriate way.

Speaker 1: Whether it's insulin, or blood thinners, or anti-depressants, everyone who relies on medication to maintain normal function is, in one sense or another, dependant on that medication to do things their body can't do. Calling that addiction is like saying you are addicted to food, because you can't live without eating. We have said it before, but it bears repeating, dependence in not addiction.

Addiction (2.3.3.4.4)

If tolerance is an addiction, and dependence is an addiction, then what is an addiction? Perhaps the simplest answer is that addiction is what happens when a drug stops being a means to an end, and becomes an end in itself. When taking the drug it becomes more important than controlling the pain, that's addiction. From a medical standpoint of course, addiction is much more complex. It's a disease that affects both the brain and the body. And there are genetic, and psychological reasons that make some people more likely to become addicted than others. Addiction doesn't show up in blood tests or x-rays, rather it reveals itself as a set of behaviors that are signature signs of addiction. These include: loss of control over drug use, compulsive use, continued use despite harmful effects, and cravings that are so powerful that the user is willing to take dangerous actions, risk jobs and relationships, or even commit crimes in order to acquire and use a drug.

Speaker 2: There is a huge difference between the terms tolerance and addictions. Tolerance is going to happen to everyone who takes these pain medications. All that means is that in order to achieve a certain effect, you have to take more of the medication. Or as we talked about before, you may become tolerant to the side effects. Addiction is a very different term.

Speaker 3: Addiction is very uncommon among people with chronic pain. Addiction is a behavioral disorder where the drug rules your life. I'll give you a few examples. If a patient comes to me as says, "I need more of the opioid or opiate that you're prescribing to me." And I say well, I really can't give you anymore because it's damaging your body, and then the person goes out and buys it on the street, or goes to five different emergency rooms to get it… Essentially addiction is a situation where the drug rules the person's life rather than visa-versa.

Speaker 4: Addiction is not the same as tolerance. Addiction involves certain unusual behaviors. Some of those behaviors might be the desire to horde the medication, to take increasing doses of the medication without your physician's approval. Addiction is a state where you are compelled to take the medicine, and you need the medicine… you need the medicine to produce not necessarily pain relief, but you want the medicine to produce a joyful effect.

Speaker 1: For anyone who is concerned about becoming addicted to opioid pain medications, there are just two things to keep in mind. First, addiction to opioid medications is extremely rare. You'll develop a certain degree of tolerance and dependence for sure, but it's very unlikely that you'll become addicted. And second, addiction isn't subtle, it's not being concerned about running out of medication for a trip out of town, or asking your health care provider to increase your dose because your pain is breaking through more frequently; addiction is obvious and unmistakable. So if you have to wonder whether you are addicted to your medication, odds are you are not. One of the things that make opioid addictions so rare is that health care providers make every effort to carefully screen candidates for opioid therapy in order to identify those who may be inclined to addiction, or who already have a history of addictive behavior. For people with a high risk of addiction, other non opioid pain therapies may be recommended. In other cases, opioids may still be prescribed but only under close supervision.

Speaker 2: When we have individuals taking opioids, we often ask them four questions, and we call them the four A's. All it is is a way for us to remind both ourselves and the patients what's important, with these medications. The first thing we ask them; is the medication helping you receive analgesia. All that means is, are you getting adequate pain control? The second thing we want to know… these medications can cause side effects, so the second A is adverse effects. Are you having any negative effects from the medication? The third thing which is really important; by taking these opioids, are you able to function better? Are you able to do more of your activities of daily living? That's the third A. The fourth A is just a way to protect the patient and the health care provider, and that is are you using the medications appropriately? And that's called aberrant behavior. And aberrant behavior is when you are not using the medication appropriately. For example are you taking more pills than prescribed or are you giving your pills to someone else? So those are the four A's; important things that we thing that we should monitor for people who are on opioid pain medications.

Speaker 5: I think there are people, who are at high risk for addiction with opioids, and there's been a lot of study of that during the last five or ten years as we've been more aggressive in using opioids for pain management. We've found in general that those patients who are at risk are at risk for addiction to other substances. So do they have a previous history of alcohol abuse? Do they have other psychological disorders? Depression… anxiety… So I think that previous history of addiction of misuse of other substances is going to place them at higher risk for potentially developing an addiction problem with opioids.

Speaker 3: Well, we tend to be very concerned about using opioids for patients with a history of past substance abuse, whether it be alcohol or prior illicit drug use, or even previous problems with prescription drugs. So that doesn't mean we won't prescribe an opioid but it really is going to take increased surveillance on the part of the physician and the part of the patient in those situations.

Speaker 4: The health care providers will asses you for behaviors relative to your potential for becoming addicted to an opioid. So you can feel confident that the health care provider will only prescribe an opioid if it is right for you.

Speaker 1: Screening is just one more way that health care providers work with you to ensure your safety, minimize your exposure to medical risks, and give you the confidence you need to use the most effective treatment available for your pain, without fear or anxiety. If you're worried about addiction, you will worry a lot less knowing that your health care provider is looking out for you, and taking every precaution to make certain that you and opioids are right for each other.

Pseudo Addiction and Chemical Coping (2.3.3.4.5)

Narrator: Understanding the difference between tolerance, dependence and addiction is essential in making

The “Opioid Controversy” (2.3.3.5)

Making Your Decision (2.3.3.6)

Speaker 1: There is a lot that we do not know about opioids, but there is one thing that we do know with certainty. And that is that more than most other types of medications, opioids will require you to be an active, observant, and vocal participant in your own course of treatment. Opioid therapy isn't a onetime decision. It's an ongoing process that requires continuous monitoring and adjustment, and regular contact between you and your health provider. In a sense, that means you will have to be aware every day of what feels right, what feels wrong and what you think you need to change. You can't be a passive bystander. You have to take charge of your treatment, and take charge of your life. If opioid therapy works, it's because you are working with it. If it doesn't, you need to accept that and begin to explore other treatment options. Most important of all, you need to know that you are not alone. Whether the therapy is working or not working…. Whether you need to adjust it, or add to it, or scrap it and try something else, your health care provider is a constant partner and guide who is willing to listen and help without keeping score, or passing judgment.

Speaker 2: There are many things that we take into consideration when determining the appropriateness of prescribing narcotics to individuals with pain. The first thing we consider is, what are the origins of their pain, or what is the process that is causing their pain? The second is what other conditions do they have that may be contributing to, or may provide and obstacle in treating that pain? Narcotics are very effective for alleviating some types of pain, but certainly not all types of pain.

Speaker 3: Opioids are not for everyone. They do help a lot of people, but there are a large percentage of patients that do not respond to opioid pain medications. One is that they may have a side effect that they cannot tolerate. We know that 50 percent of patients that take an opioid pain medication have at least one side effect and about 20 to 30 percent of these patients will stop taking the opioid because of these side effects, so they are not for everyone.

Speaker 4: Managing a patient with medications is like any kind of disease process. Whether it is insulin for control for diabetes or blood pressure medications for hypertension, you have to have a close follow up with the patient. I think you have to have a discussion with the patient about what their goals are for this. Is the medicine going to help them sleep? Is it going to help them with their pain? So again, it is definitely breaking down the goals with the patient. I like to break it down to the pain reducing effect of the medicine, the effect on their mode, and then the effect on sleep. I then use those three areas to adjust what the patient is going to need.

Speaker 3: Are there certain medical conditions that you have that may make you more at risk for taking opioids? Are you older? The side effects of opioids such as drowsiness or the inability to think clearly may put you at higher risk if you are older.

Speaker 5: Opioids are dangerous drugs. They need to be used under a doctor's prescription. For instance, if someone has a sleep apnea disorder, I would be much less inclined to prescribe higher doses of opioids because of the potential for worsening their respiratory problems.

Speaker 2: The main goal in using opioids is to reduce someone's pain, so that they can return to near normal function, or to improve their quality of life.

Speaker 5: If I give you an opioid, am I making your life better or am I making it worse? It actually is that simple.

Opioid Agreements (2.3.3.7)

Responsible Use (2.3.3.8)

Over-the-Counter Medications (2.3.4)

OTC Medications (2.3.4.1)

OTC Medications for Pain (2.3.4.2)

Using OTC Medications Carefully (2.3.4.3)

Cautions for Acetaminophen (2.3.4.4)

Speaker 1: Too much of any OTC medication can be bad for you, but we need to be especially cautious with Acetaminophen; the active ingredient in Tylenol, Aspirin free Anacin, Panadol, and many other brand name pain medications. Acetaminophen is an effective pain reliever, and safe when taken in recommended doses. However, taking too much Acetaminophen, especially if you do it over long periods of time, can lead to serious liver damage, and even death. Plus, because it is a medication that may be present in both your OTC and prescription medications, you could be taking too much and not even know it.

Speaker 2: Acetaminophen is a very powerful pain reliever that has many good benefits to it. One is that it does not cause bleeding like some of the non steroidal anti-inflammatory drugs. It's also easer on your stomach. But there are also significant side effects that can occur with Acetaminophen if it is not taken correctly, and it can affect your liver; especially if you take high doses, or if you have some underlying liver problems.

Speaker 3: It can be very easy to mismanage the medications you are taking with respect to Acetaminophen, more commonly known as Tylenol. In the over the counter medicine, and the prescription medicine, you must take into account, if there is Acetaminophen in both products, the total daily dose. You do not want to exceed 4000 mg, which would be taking two extra strength Tylenol, four times a day, because that can be very damaging to your liver.

Speaker 4: I often see people who have a prescription for an opioid combined with Acetaminophen and then they go buy over the counter Acetaminophen and take both, not realizing that they are at risk for Tylenol toxicity. There is also the risk that combining over the counter sedative type drugs with prescription medicines that have sedating effects can lead to impaired performance, traffic accidents, confusion, inability to work effectively and things of that sort.

Speaker 5: So taking Acetaminophen or Tylenol while you're taking another pain medication can actually impair, or slow down your body's ability to break down both drugs, which may predispose you, or put you more at risk for having toxicity, or negative side effects from taking the two drugs at the same time.

Talking with Your Prescriber or Pharmacist (2.3.4.5)

Alcohol, Marijuana & Pain Medications (2.4)

Alcohol (2.4.1)

Speaker 1: All medications should be treated with respect, especially pain medication. It's important when you are starting a new medication to talk with your doctor and pharmacist about potential interactions with prescription drugs you are already taking. Some drugs can interfere with pain control, while others can produce or intensify negative side effects such as drowsiness, weakness, loss of concentration and impaired judgment. While prescription drugs are an obvious concern, we also need to be aware of interactions with common drugs we may not even think of as drugs; drugs like alcohol.

Speaker 2: Alcohol is a widely used, I call it a substance… but in actuality it is considered a drug. So taking alcohol with other prescription or non prescription drugs can present a problem. One of the most common problems is the interaction between alcohol and drugs leads to drowsiness, confusion, being incoherent, not being able to make good decisions…

Speaker 3:I tell my patients that if you are taking Gabapentin or Lyrica or something of that sort, one beer with probably have the effect two or three beers used to have, so that means they have to be unusually cautious.

Speaker 4: Because alcohol itself is a central nervous system depressant, it depresses the body and may make people feel more relaxed and they also do get somewhat euphoric, and so a patient with chronic pain, and those patients with that severe signal to their body are looking for relief, and they may have had experiences in the past where alcohol may have relaxed them, or made them feel better about themselves, so sometimes it's an easy option for them. But it's obviously not appropriate to be drinking alcohol and I think it can really muddy the waters of what's happening with their condition.

Speaker 3: I think the safe thing for physicians and drug companies to say is don't ever combine alcohol with our medication. And people hear that warning, and like most warnings they try to ignore it once or twice or three times, and nothing bad happens. And so they assume that the warning is irrelevant or is nonsense. And then they begin to ignore it and they are at risk for getting into trouble.

Speaker 5: Alcohol has some very short term effects that can make people feel happier, that can make people feel better. But we know that once the alcohol wears off, people are left with the same problems.

Speaker 1: By itself, alcohol is a powerful central nervous system depressant that slows mental activity and impairs muscle coordination. In small amounts it can make us feel relaxed and happy, but too much alcohol can lead to nausea, stupor, unconsciousness, and in extreme cases even death. And heavy consumption over long periods of time can result in significant changes in brain and body chemistry as well as damage to organs and nerves. Any amount of alcohol however can have consequences when used in conjunction with pain medication. Sometimes it magnifies the side effects of the drug, sometimes it prevents pain medication from working. But whatever the effect, it's rarely harmless, and it's never good.

Speaker 4: The important area is with opioids, and an opioid is also a central nervous system depressant. It decreases brain activity and to combine that with alcohol, there can be a synergistic effect where the effect of both medications can be a lot greater, and so a person may become more impaired if they mix those medications.

Speaker 3: On the other hand, a person who is taking opioids and tranquilizers and muscle relaxants who then combines alcohol on top of that is likely to have toxicity, is likely to have falls and injuries. In fact most of the deaths that have been associated with opioid overdoses have been in people who used a little opioid, a little antidepressant, a little alcohol, a little this and that and the other thing. So you really have to answer the question separately for each class of drugs I think. The anti epileptics, which are very commonly used to treat pain, also, do not combine with alcohol.

Speaker 5: One of the dangers is taking alcohol when taking pain medications. The organ that is responsible for breaking down alcohol, or processing the alcohol is the same organ that is responsible for breaking down pain medications. So we run the danger of alcohol interfering with the way the medications are used, and how effective they are for each individual.

Speaker 1: The danger in mixing alcohol and prescription drugs seems obvious but what many people don't realize is that alcohol can also have toxic effects when it is combined with common over the counter pain relievers. For example, using alcohol and Acetaminophen together can seriously compromise liver function, and can lead to permanent liver damage or liver failure.

Speaker 4: Well there are a number of medications including but not limited to pain medications that really shouldn't be mixed with alcohol. I think the one that is probably the most widely used is Acetaminophen. Acetaminophen is broken down by the liver, and many patients that are drinking alcohol and taking Acetaminophen can become toxic. Their liver can become toxic, and many times they can develop liver failure.

Speaker 5: The best way to think of the liver is the master filter and everything that you ingest, whether it be food or pills or alcohol, has to go through this filter. Over time that filter can become inefficient and perhaps even stop working all together. When that happens, there can be real medical consequences and dangers and may even limit future treatment options.

Speaker 3: Most people think nothing of having a couple Tylenol and then having a drink, and they think that if it is only a couple to Tylenol and only a drink then that's probably not harmful, but it can be fatal if you take more than three grams a day and are a heavy drinker. So in that case, people don't normally think of any interaction between having a drink and having a Tylenol. But if you are doing a lot of the two, then it can be fatal. A large number of people who come in for liver transplants have actually combined Tylenol with alcohol.

Speaker 1: Liver damage is only one concern. Alcohol is also hard on the stomach. Drinking while using anti-inflammatory medications such as Aspirin or other non-steroidal anti-inflammatory medications, significantly increases your risk for stomach bleeding or ulcers.

Speaker 4: Alcohol has effects on your stomach and in your nervous system. So patients taking anti-inflammatory medications may have an increased risk for bleeding. It may also increase risks for the common side effects listed on the medication.

Speaker 3: Certainly if you are using large quantities of alcohol in combination with anti-inflammatory drugs you are at risk for having a GI bleed, and people die from that.

Speaker 1: Like any factor that can have an impact on the safety and the effectiveness of your pain treatment, alcohol use is a subject you will want to discuss with your care provider. You may find that occasional use, such as a glass of wine with dinner is perfectly fine. Or you may learn that alcohol in any amount comes with side effects and risks you would rather avoid. The key, as always, is to be absolutely honest. Your care provider needs to know how often and how much you drink, and whether you have ever had any alcohol related health issues. Working with your prescriber to identify risks and options is the best way to ensure you have a pain treatment strategy that is safe, and works.

Speaker 2: Yes, when you do talk with your physician, and are reviewing medications, the questions physicians might ask as far as your social history might be, "how much do you drink in a day, or in a week?" Also other things like cigarette smoking, using any illicit drugs are important concerns when you are prescribed a medication for your pain.

Speaker 1: You didn't ask for your pain. And none of us welcomes the lifestyle adjustments and extra responsibilities we may have to accept as part of an effect pain treatment program. But even though you may have always enjoyed a cold beer, a drink after work, or a cocktail at a party, this may be the time when you have to ask, "Is alcohol really worth it?" When even a little alcohol can multiply your medication's side effects, damage your stomach, or promote the onset of serious liver disease, the answer is pretty clear. Alcohol and chronic pain medications just don't mix.

Speaker 5: I think most people understand that alcohol can negatively impact many of your organs. We know that it can certainly affect the stomach, it can affect the pancreas and the liver… but many of us have greater concerns about the effect it can have on your mood, your personality, and your temper. So although it may provide short term comfort, we know that it can negatively impact the quality of your life, as well as any of your other relationships; relationships that may already be strained because of your existing condition.

Marijuana (2.4.2)

Speaker 1: Marijuana is another drug that does not mix well with responsible pain management. Either in casual use or as a form of self medication, like alcohol it can impure judgment creating the very real possibility of misplacing a prescription pain medication, making serious errors in dosage, or failing to properly handle and dispose of medications and delivery devices. More importantly though, marijuana is a controlled substance that is illegal to posses in most U.S. states. A few states do permit the use of marijuana to treat some medical conditions including pain. However, there is no authoritative scientific research that supports the long term use of marijuana for the treatment of chronic pain.

Speaker 2: People often wonder about the use of marijuana for pain, and it is clear that marijuana can have some at least acute pain relieving effects, and that the whole family of cannabinoids can reduce inflammation and can reduce certain types of pain transmission in the central nervous system. Because of this, many people have concluded that chronic marijuana use would be a reasonable approach to treat chronic pain. The fact is that there is no evidence that this is the case. There are several studies of the drug marinol which is a synthetic THC, the active ingredient in marijuana, and it really shows no evidence that it has any lasting analgesic effect. There are cannabinoids on the market in Canada, Sadavix and Nabalone which are approved for cancer pain or pain of multiple sclerosis, but so far there is no evidence that Nabalone is more portent than Tylenol number 3. It doesn't seem to be particularly useful.

Speaker 1: Another major downside of marijuana is that many physicians will not prescribe opioids or other regulated pain medications to individuals who have a history of illegal drug use, or irresponsible use, or abuse of prescription pain medications. It's simply not worth the risk of losing access to medications that are genuinely effective in managing pain by using a drug that may have no effect at all, or worse might make controlling your pain even more difficult.

Speaker 2: I think the bottom line here is that it is certainly likely that chemicals related to marijuana will be found to have some beneficial effect for pain. I do not think that there is any likelihood that we will ever find that smoking an unpredictable mixture of undetermined substances is a useful way of dealing with chronic pain, in fact there is reason to think that it might make people worse with chronic use, both psychologically and in terms of the amount of pain they experience.

Speaker 1: The question of whether to use or not use alcohol or marijuana isn't a moral issue. Like many decisions you will face as a person with pain, it's a tough practical choice between risks and rewards, and between what really matters and what doesn't. It's a choice that needs to be based on medical realities and because of that it is a decision that should only be made with the guidance and informed judgment of your care provider.

Medication Safety (2.5)

Storing Medications (2.5.5)

Disposing of Medications (2.5.6)

Speaker 1: Sometimes too, we may have to dispose of medications that are out of date, or medications we have stopped taking by the advice of our physician. The natural impulse is to pour them down the drain or flush them in the toilet, but as we have learned in recent years, discarding drugs in that way can contaminate the water supply. Fortunately, that is not the only option.

Speaker 2: When the medications have become out of date, basically what we have done is the old fashion way of flushing them down the toilet, but there seems to be a new thought of not doing that anymore, so I am not really sure what she is doing with them now.

Speaker 3: We know that flushing medications down the toilet is probably not the best way to get rid of an unused prescription drug, because we see then the drug showing up in our water systems and in our drinking water which of course becomes a huge problem in and of itself.

Speaker 4: The best way is to mix them in with non edible substances. This may be things like coffee grounds or kitty litter. That way they won't be attractive to children or animals.

Speaker 3: One way that patients can get rid of any unused medications is to mix the drugs with coffee grounds. Another thing patients can do is take the drug and mix it with kitty litter and water. The kitty litter with absorb the drug and make it unpalatable for anybody who might want to try and use the medication. Topical products need to be disposed of in special ways also. Children or pets who get to the drugs through waste baskets run the risk of being exposed to levels of the drug. For many of these products, the best way is to fold the patch in on itself and then wrap it in a paper towel or some other type of substance like a plastic bag, and then dispose of it in the garbage where a child or an animal can't get to the product.

Speaker 1: Also, some communities have established locations where you can drop off unused medications for proper disposal. Your physician or pharmacist can tell you if a disposal program is available in your city or neighborhood.

Speaker 3: Some communities offer take back programs where patients can bring unused medications and have them disposed of for them. One way to find out about the availability of these programs is to contact your local pharmacy.

Speaker 1: There are exceptions to these rules however. Some medications should be flushed down the toilet according to the FDA. These currently include these medications: Actiq (fentanyl citrate), Daytrana Transdermal Patch (methylphenidate), Duragesie Transdermal System (fentanyl), Oxycontin Tablets (oxycodone), Avinza Capsules (morphine sulfate), Baraclude Tablets (entecavir), Reyataz Capsules (atazanavir sulfate), Tequin Tablets (gatifloxacin),Zerit for Oral Solution (stavudine), Meperidine HCI Tablets, Percocet (oxycodone and acetaminophen), Xyrem (sodium oxybate), Fentora (fentanyl buccal tablet). If you are unsure about the right way to dispose of any medication, check the printed material that came with the prescription, or ask your prescriber or pharmacist. Part of taking charge of our pain is taking responsibility for the medications we use, and being aware that what means relief for us, can be a hazard for others. But as we have seen, there is nothing complicated about storing, handling, and disposing of medications safely. And as with every other aspect of handling our pain, the key is knowing the right things to do; making the right things part of our daily routine.