1
00:00:03,410 --> 00:00:05,940
Hello and welcome
to Mayo Clinic Talks,

2
00:00:05,940 --> 00:00:07,770
The Opioid Edition.

3
00:00:07,770 --> 00:00:09,150
I'm Tracy McCray and with

4
00:00:09,150 --> 00:00:10,920
me today is Dr. Casey
Clements, an

5
00:00:10,920 --> 00:00:12,480
emergency physician
and practice

6
00:00:12,480 --> 00:00:13,620
leader who works in

7
00:00:13,620 --> 00:00:15,375
the Opioid
Stewardship Program

8
00:00:15,375 --> 00:00:17,460
at Mayo Clinic
in Rochester.

9
00:00:17,460 --> 00:00:18,810
Today we're going
to take a look into

10
00:00:18,810 --> 00:00:19,950
the opioid crisis

11
00:00:19,950 --> 00:00:22,455
from the emergency
department perspective.

12
00:00:22,455 --> 00:00:24,000
Nice to meet you,

Dr. Clements.

13
00:00:24,000 --> 00:00:24,720
It's nice to meet you;

14
00:00:24,720 --> 00:00:25,935
thank you for having me.

15
00:00:25,935 --> 00:00:28,455
Because of the
urgent nature

16
00:00:28,455 --> 00:00:30,075
of the emergency
department,

17
00:00:30,075 --> 00:00:31,365
that's what you're there for,

18
00:00:31,365 --> 00:00:33,720
I would think that
emergency physicians

19
00:00:33,720 --> 00:00:35,790
might have a different
perspective on

20
00:00:35,790 --> 00:00:37,410
prescription pain
killers and treating

21
00:00:37,410 --> 00:00:40,854
patients than a primary
care physician might.

22
00:00:40,854 --> 00:00:43,550
Has the opioid
epidemic changed how

23
00:00:43,550 --> 00:00:45,050
physicians
evaluate and treat

24
00:00:45,050 --> 00:00:46,850
patients in the ED?

25
00:00:46,850 --> 00:00:48,950
Well, all
physicians, I think,

26
00:00:48,950 --> 00:00:50,150
actually want to help

27
00:00:50,150 --> 00:00:51,590
alleviate pain
and suffering.

28
00:00:51,590 --> 00:00:53,150
It's one of the reasons
that we go into

29
00:00:53,150 --> 00:00:54,230
medicine and it's a part

30
00:00:54,230 --> 00:00:55,715
of the Hippocratic oath.

31
00:00:55,715 --> 00:00:57,590
And so I think that

32
00:00:57,590 --> 00:00:58,220
the difference that

33
00:00:58,220 --> 00:00:59,750
the Emergency
Department has is

34
00:00:59,750 --> 00:01:02,375
that a ton of
patients that we see

35
00:01:02,375 --> 00:01:04,340
actually have acute pain

36

00:01:04,340 --> 00:01:06,200
that requires treatment.

37
00:01:06,200 --> 00:01:10,520
However, we also have
patients who are

38
00:01:10,520 --> 00:01:12,230
addicted to
medications and may be

39
00:01:12,230 --> 00:01:14,855
acutely intoxicated or
in withdrawal states.

40
00:01:14,855 --> 00:01:16,340
And we have patients

41
00:01:16,340 --> 00:01:18,500
who may be seeking
prescriptions

42
00:01:18,500 --> 00:01:20,660
for recreational use

43
00:01:20,660 --> 00:01:22,475
or even diversion purposes.

44
00:01:22,475 --> 00:01:24,440
And what I think
is different about

45
00:01:24,440 --> 00:01:25,790
the emergency
department than

46
00:01:25,790 --> 00:01:28,280
perhaps primary care
or other settings is,

47
00:01:28,280 --> 00:01:30,410
is we will see all three

48
00:01:30,410 --> 00:01:32,765
of those situations
in a single day.

49
00:01:32,765 --> 00:01:34,850
And so it makes
it very difficult

50
00:01:34,850 --> 00:01:37,370
to really assess for - who

51
00:01:37,370 --> 00:01:40,295
needs prescription
medications and who to

52
00:01:40,295 --> 00:01:42,920
trust and who to

53
00:01:42,920 --> 00:01:43,970
make sure that you're

54
00:01:43,970 --> 00:01:45,425
treating their
pain adequately.

55
00:01:45,425 --> 00:01:47,090
I wouldn't have even
thought of that.

56
00:01:47,090 --> 00:01:48,590
The only category of
I've ever been in

57
00:01:48,590 --> 00:01:50,330
is I am in such bad pain,

58
00:01:50,330 --> 00:01:52,295
I agreed to come to
the emergency room

59
00:01:52,295 --> 00:01:54,305
or I had to come to

the emergency room.

60
00:01:54,305 --> 00:01:56,240
Do the people who
are trying to find

61
00:01:56,240 --> 00:01:58,205
a prescription because
of an addiction,

62
00:01:58,205 --> 00:02:00,200
are they acting or did they

63
00:02:00,200 --> 00:02:01,340
pretend that
they're in pain

64
00:02:01,340 --> 00:02:02,540
or how do they present?

65
00:02:02,540 --> 00:02:02,990
So that's

66
00:02:02,990 --> 00:02:04,790
a really difficult
question to answer.

67
00:02:04,790 --> 00:02:08,540
I actually, I...I tend
to trust people and

68
00:02:08,540 --> 00:02:10,010
so when I say are they

69
00:02:10,010 --> 00:02:12,380
acting or are they
lying, I don't think so.

70
00:02:12,380 --> 00:02:14,255
I think that they
are feeling pain.

71

00:02:14,255 --> 00:02:16,160
It's just that that
pain may not be in

72
00:02:16,160 --> 00:02:17,990
the same category as

73
00:02:17,990 --> 00:02:20,675
an acute pain from an
injury, for example.

74
00:02:20,675 --> 00:02:22,010
It may be more along the

75
00:02:22,010 --> 00:02:23,360
lines of they're feeling,

76
00:02:23,360 --> 00:02:25,040
the physical effects
of withdrawal

77
00:02:25,040 --> 00:02:26,810
or desire of those
medications.

78
00:02:26,810 --> 00:02:28,010
And that's an
entirely different

79
00:02:28,010 --> 00:02:29,210
kind of suffering. Sure.

80
00:02:29,210 --> 00:02:31,985
Yeah. What expectations are

81
00:02:31,985 --> 00:02:33,500
placed on physicians, or

82
00:02:33,500 --> 00:02:35,690
the prescriber in this
case, as it relates to

83

00:02:35,690 --> 00:02:39,275
pain control and to
opioids specifically?

84
00:02:39,275 --> 00:02:41,360
This is a great
question as well.

85
00:02:41,360 --> 00:02:42,965
I really think that we have

86
00:02:42,965 --> 00:02:45,440
both societal and personal

87
00:02:45,440 --> 00:02:47,510
expectations that we set

88
00:02:47,510 --> 00:02:49,580
both on ourselves, and
our patients set on

89
00:02:49,580 --> 00:02:52,505
us, that really play
into the opioid crisis.

90
00:02:52,505 --> 00:02:54,590
First of all,
like I had said,

91
00:02:54,590 --> 00:02:56,545
prescribers really want to

92
00:02:56,545 --> 00:02:58,370
alleviate suffering
and we want to do

93
00:02:58,370 --> 00:02:59,990
that is thoroughly
and completely

94
00:02:59,990 --> 00:03:02,780
as possible. As well,

95
00:03:02,780 --> 00:03:03,965
patients who come in,

96
00:03:03,965 --> 00:03:05,150
they want the strongest

97
00:03:05,150 --> 00:03:06,995
and most effective
medications.

98
00:03:06,995 --> 00:03:08,240
And if you don't
believe that,

99
00:03:08,240 --> 00:03:10,160
try to find acetaminophen

100
00:03:10,160 --> 00:03:11,840
that's not extra strength

101
00:03:11,840 --> 00:03:14,060
because everything has
to be the biggest,

102
00:03:14,060 --> 00:03:16,130
Strongest, and most
effective that there is,

103
00:03:16,130 --> 00:03:17,675
and if there's
something stronger

104
00:03:17,675 --> 00:03:19,820
we want it because we
want that pain to be

105
00:03:19,820 --> 00:03:21,350
gone or to be alleviated

106
00:03:21,350 --> 00:03:22,475
to the highest degree.

107
00:03:22,475 --> 00:03:23,930
Why are you taking
it if it's not going

108
00:03:23,930 --> 00:03:25,460
to get rid of it? Exactly.

109
00:03:25,460 --> 00:03:27,410
But I think that that
expectation from

110
00:03:27,410 --> 00:03:29,330
a societal and
patient perspective

111
00:03:29,330 --> 00:03:31,130
may actually not
be reasonable.

112
00:03:31,130 --> 00:03:32,960
I think that we
need to understand

113
00:03:32,960 --> 00:03:34,880
the indications and
the reason they

114
00:03:34,880 --> 00:03:36,350
were treating pain
is to improve

115
00:03:36,350 --> 00:03:38,840
functional status and
to make it tolerable.

116
00:03:38,840 --> 00:03:40,865
It's not to make
it go away.

117
00:03:40,865 --> 00:03:41,660
And I think that's

118

00:03:41,660 --> 00:03:43,160
a completely
different mindset

119
00:03:43,160 --> 00:03:44,570
than a lot of people have.

120
00:03:44,570 --> 00:03:46,130
But in general,
we don't have

121
00:03:46,130 --> 00:03:48,020
any magic bullet apart from

122
00:03:48,020 --> 00:03:49,880
sort of numbing
medications like lidocaine

123
00:03:49,880 --> 00:03:52,355
that's going to
make pain go away.

124
00:03:52,355 --> 00:03:55,295
It's going to numb it
or it's going to dull it.

125
00:03:55,295 --> 00:03:58,340
Are there specific
situations

126
00:03:58,340 --> 00:03:59,855
or health conditions

127
00:03:59,855 --> 00:04:03,350
when patients should
not be prescribed

128
00:04:03,350 --> 00:04:05,510
an opioid?
There's certainly

129
00:04:05,510 --> 00:04:07,610
the textbook answer

that patients who are

130
00:04:07,610 --> 00:04:11,015
abusing illicit substances
or have abused

131
00:04:11,015 --> 00:04:13,190
opioids should not be

132
00:04:13,190 --> 00:04:15,020
prescribed further
opioid medication,

133
00:04:15,020 --> 00:04:15,680
and that's really

134
00:04:15,680 --> 00:04:17,495
an absolute
contraindication,

135
00:04:17,495 --> 00:04:18,710
but there's other relative

136
00:04:18,710 --> 00:04:20,630
contraindications as well.

137
00:04:20,630 --> 00:04:22,040
If someone is taking

138
00:04:22,040 --> 00:04:23,270
other medications that have

139
00:04:23,270 --> 00:04:24,800
drug-drug interactions with

140
00:04:24,800 --> 00:04:26,435
opioids, they
should be avoided.

141
00:04:26,435 --> 00:04:29,300
And that includes
sedating medications

142
00:04:29,300 --> 00:04:30,890
like benzodiazepines.

143
00:04:30,890 --> 00:04:32,570
The World Health
Organization has

144
00:04:32,570 --> 00:04:34,610
a strong recommendation
that this be

145
00:04:34,610 --> 00:04:35,390
avoided due to

146
00:04:35,390 --> 00:04:37,250
a significantly
increased risk of

147
00:04:37,250 --> 00:04:39,200
accidental overdose
and death if both

148
00:04:39,200 --> 00:04:39,860
of those types of

149
00:04:39,860 --> 00:04:41,720
medications are
taken together.

150
00:04:41,720 --> 00:04:44,840
And there's other drug-drug
interactions with

151
00:04:44,840 --> 00:04:45,860
specific opioid

152
00:04:45,860 --> 00:04:47,555
medications that
come into play.

153
00:04:47,555 --> 00:04:49,280

So for example, tramadol,

154
00:04:49,280 --> 00:04:50,330
which is usually thought to

155
00:04:50,330 --> 00:04:51,380
be a lower potency

156
00:04:51,380 --> 00:04:54,845
opioid, can have
interactions with

157
00:04:54,845 --> 00:04:57,005
psychiatric
medications and cause

158
00:04:57,005 --> 00:04:59,825
significant and
dangerous conditions.

159
00:04:59,825 --> 00:05:00,980
And so those are

160
00:05:00,980 --> 00:05:03,170
also relative
contraindications.

161
00:05:03,170 --> 00:05:04,520
In addition to that,

162
00:05:04,520 --> 00:05:06,260
there are medical diagnoses

163
00:05:06,260 --> 00:05:07,790
which probably are not best

164
00:05:07,790 --> 00:05:09,665
treated with
opioid medications,

165
00:05:09,665 --> 00:05:12,050
based on the expected

duration of the pain,

166
00:05:12,050 --> 00:05:13,220
severity of the pain,

167
00:05:13,220 --> 00:05:15,785
or the mechanism by
which that pain happens.

168
00:05:15,785 --> 00:05:17,900
So traditionally we may

169
00:05:17,900 --> 00:05:19,385
have given migraine
headaches,

170
00:05:19,385 --> 00:05:21,320
opioid medications.
In general,

171
00:05:21,320 --> 00:05:22,430
that's not indicated

172
00:05:22,430 --> 00:05:24,019
because it's not mediated

173
00:05:24,019 --> 00:05:25,970
through the mu
receptor pathway

174
00:05:25,970 --> 00:05:27,530
that opioids act on.

175
00:05:27,530 --> 00:05:28,970
Additionally, lots of

176
00:05:28,970 --> 00:05:32,045
chronic pain
syndromes, such as

177
00:05:32,045 --> 00:05:34,040
fibromyalgia or

178
00:05:34,040 --> 00:05:36,995
a chronic idiopathic
abdominal pain,

179
00:05:36,995 --> 00:05:38,630
shouldn't generally
be treated with

180
00:05:38,630 --> 00:05:40,490
opioids because

181
00:05:40,490 --> 00:05:41,840
the neurotransmitters
that are

182
00:05:41,840 --> 00:05:43,190
involved in that pain are

183
00:05:43,190 --> 00:05:44,600
also not likely well

184
00:05:44,600 --> 00:05:46,760
treated by that
opioid pathway.

185
00:05:46,760 --> 00:05:48,455
And opioids in that case,

186
00:05:48,455 --> 00:05:49,340
as they've been taken,

187
00:05:49,340 --> 00:05:52,070
maybe even longer
term can be taken for

188
00:05:52,070 --> 00:05:53,930
the euphoriant
effect more than

189
00:05:53,930 --> 00:05:57,574
any pain control effect.

I would think that

190
00:05:57,574 --> 00:05:59,959
if you're going to
see your physician

191
00:05:59,959 --> 00:06:01,280
and you've got
an office visit

192
00:06:01,280 --> 00:06:03,380
scheduled, time is not

193
00:06:03,380 --> 00:06:05,900
as much of the essence
as it is in the ED.

194
00:06:05,900 --> 00:06:07,940
So if you have

195
00:06:07,940 --> 00:06:09,890
the patient's record
than you...than

196
00:06:09,890 --> 00:06:11,720
you know the different

197
00:06:11,720 --> 00:06:12,680
all the different drugs

198
00:06:12,680 --> 00:06:13,835
that you just mentioned.

199
00:06:13,835 --> 00:06:15,200
But if someone shows up in

200
00:06:15,200 --> 00:06:16,250
the emergency room at

201
00:06:16,250 --> 00:06:17,930
one o'clock in the morning,

202
00:06:17,930 --> 00:06:20,930
you're reli-...if you don't
have their records,

203
00:06:20,930 --> 00:06:22,610
you're relying on
them to tell you

204
00:06:22,610 --> 00:06:24,590
what medications
they are taking

205
00:06:24,590 --> 00:06:26,960
and they might not be
the best reporter of

206
00:06:26,960 --> 00:06:29,990
that information
based on: they're in

207
00:06:29,990 --> 00:06:31,280
a lot of pain or

208
00:06:31,280 --> 00:06:33,215
it's one o'clock
in the morning or

209
00:06:33,215 --> 00:06:34,940
I can't remember
anything right now

210
00:06:34,940 --> 00:06:37,145
because I'm sitting
in an emergency room.

211
00:06:37,145 --> 00:06:40,219
I mean, how do you...how
do you address that?

212
00:06:40,219 --> 00:06:41,750
Yes. So I think
that there is

213
00:06:41,750 --> 00:06:43,190
some ancillary data

214
00:06:43,190 --> 00:06:44,390
which is important to take

215
00:06:44,390 --> 00:06:45,500
into account as we're

216
00:06:45,500 --> 00:06:48,845
discussing reliable
sources of information.

217
00:06:48,845 --> 00:06:50,930
Certainly, we can
reach out to in

218
00:06:50,930 --> 00:06:53,000
contact other healthcare
organizations

219
00:06:53,000 --> 00:06:54,530
that may have cared
for the patient or

220
00:06:54,530 --> 00:06:55,640
pharmacies where they've

221
00:06:55,640 --> 00:06:57,245
had their
medications filled.

222
00:06:57,245 --> 00:06:59,120
Nearly every state has

223
00:06:59,120 --> 00:07:00,470
instituted a prescription

224
00:07:00,470 --> 00:07:02,195
drug monitoring program,

225

00:07:02,195 --> 00:07:05,060
which is a program
where when

226
00:07:05,060 --> 00:07:07,130
patients fill
controlled substances

227
00:07:07,130 --> 00:07:08,405
in pharmacies,

228
00:07:08,405 --> 00:07:10,550
those prescriptions
and the details

229
00:07:10,550 --> 00:07:12,350
related to them
are entered into

230
00:07:12,350 --> 00:07:13,850
a database that can then be

231
00:07:13,850 --> 00:07:16,400
accessed by downstream
providers who are

232
00:07:16,400 --> 00:07:18,470
caring for the patient
and may need to know

233
00:07:18,470 --> 00:07:20,630
that important
information. By the time

234
00:07:20,630 --> 00:07:22,070
I'm done recording all of

235
00:07:22,070 --> 00:07:23,450
these different
podcasts with

236
00:07:23,450 --> 00:07:25,010
you fantastic

physicians,

237
00:07:25,010 --> 00:07:26,180
I'm going to be
able to say this,

238
00:07:26,180 --> 00:07:28,010
but I'm not quite
sure at this point.

239
00:07:28,010 --> 00:07:31,924
So opioid, opiate,
and narcotic,

240
00:07:31,924 --> 00:07:34,505
they are not the same
thing or are they?

241
00:07:34,505 --> 00:07:36,035
They're not the same thing.

242
00:07:36,035 --> 00:07:37,850
And I think that it's
important that we do

243
00:07:37,850 --> 00:07:39,050
understand the differences

244
00:07:39,050 --> 00:07:40,400
in those definitions.

245
00:07:40,400 --> 00:07:42,500
That being said,
full disclosure,

246
00:07:42,500 --> 00:07:44,360
is on a day-to-day basis,

247
00:07:44,360 --> 00:07:45,890
we all slip into kind

248
00:07:45,890 --> 00:07:48,155

of using them
interchangeably.

249
00:07:48,155 --> 00:07:50,705
So first of all, an opiate

250
00:07:50,705 --> 00:07:52,070
are generally naturally

251
00:07:52,070 --> 00:07:54,650
occurring alkaloid
substances that

252
00:07:54,650 --> 00:07:56,330
come from an opium poppy.

253
00:07:56,330 --> 00:07:57,800
The three main ones being

254
00:07:57,800 --> 00:08:00,290
morphine, codeine
and thebaine.

255
00:08:00,290 --> 00:08:04,220
Now, narcotic really
used to be kind of

256
00:08:04,220 --> 00:08:06,410
synonymous with
opiates when they only

257
00:08:06,410 --> 00:08:09,080
had those medications
available.

258
00:08:09,080 --> 00:08:10,580
It comes from a Greek word

259
00:08:10,580 --> 00:08:12,365
that means mind-numbing,

260
00:08:12,365 --> 00:08:13,760

but it has taken on

261
00:08:13,760 --> 00:08:15,470
a legal definition as well.

262
00:08:15,470 --> 00:08:19,400
It really now is any
substance which can

263
00:08:19,400 --> 00:08:23,405
be used illegally or
illicitly and is listed

264
00:08:23,405 --> 00:08:24,650
on a national level.

265
00:08:24,650 --> 00:08:26,060
So it doesn't just include

266
00:08:26,060 --> 00:08:27,920
opiate or opioid
medications,

267
00:08:27,920 --> 00:08:30,350
but things like cocaine
and methamphetamine

268
00:08:30,350 --> 00:08:31,880
now legally fall under

269
00:08:31,880 --> 00:08:33,440
a definition of narcotic.

270
00:08:33,440 --> 00:08:36,200
Okay. Now opioid
medications

271
00:08:36,200 --> 00:08:38,240
is really a more
encompassing term

272
00:08:38,240 --> 00:08:38,840

for the kind of

273
00:08:38,840 --> 00:08:39,950
medicines that
we're talking

274
00:08:39,950 --> 00:08:42,110
about today. That
encompasses

275
00:08:42,110 --> 00:08:44,270
not only the naturally-
occurring substances

276
00:08:44,270 --> 00:08:45,695
from the opium poppy,

277
00:08:45,695 --> 00:08:47,930
but it also is partially

278
00:08:47,930 --> 00:08:50,180
synthetic medicines
like hydrocodone,

279
00:08:50,180 --> 00:08:51,980
oxycodone, or
hydromorphone,

280
00:08:51,980 --> 00:08:53,390
as well as fully synthetic

281
00:08:53,390 --> 00:08:55,054
compounds like fentanyl,

282
00:08:55,054 --> 00:08:56,690
which are structurally not

283
00:08:56,690 --> 00:08:58,190
similar to opiates but

284
00:08:58,190 --> 00:08:59,870
still act at the

same receptor

285
00:08:59,870 --> 00:09:01,490
and through the
same mechanisms.

286
00:09:01,490 --> 00:09:02,810
So by using the words,

287
00:09:02,810 --> 00:09:05,885
the word opioid, we're
really talking about

288
00:09:05,885 --> 00:09:07,910
apples and apples
as opposed

289
00:09:07,910 --> 00:09:10,160
to just the
naturally occurring.

290
00:09:10,160 --> 00:09:11,180
Like, it sounds sort of

291
00:09:11,180 --> 00:09:12,875
like a semantic discussion,

292
00:09:12,875 --> 00:09:14,690
but I think it's important.

293
00:09:14,690 --> 00:09:18,500
So, with so many opioids
available to you,

294
00:09:18,500 --> 00:09:19,310
you just said there's

295
00:09:19,310 --> 00:09:20,450
a natural-occurring ones,

296
00:09:20,450 --> 00:09:21,725
and the synthetic ones.

297
00:09:21,725 --> 00:09:24,965
How in the world does
a prescriber pick one?

298
00:09:24,965 --> 00:09:26,015
I mean, where do you start?

299
00:09:26,015 --> 00:09:27,920
Are there important
differences

300
00:09:27,920 --> 00:09:30,020
other than just the potency

301
00:09:30,020 --> 00:09:31,970
or where do you begin?

302
00:09:31,970 --> 00:09:33,770
I think that's a
great question.

303
00:09:33,770 --> 00:09:35,210
You know, we're
really aiming

304
00:09:35,210 --> 00:09:36,860
for the analgesic effect,

305
00:09:36,860 --> 00:09:38,780
which is the
ability to help

306
00:09:38,780 --> 00:09:41,780
pain, and with different
potencies we

307
00:09:41,780 --> 00:09:43,850
do have systems and
conversions that

308
00:09:43,850 --> 00:09:47,840

can...can talk about
equal analgesic dosing.

309
00:09:47,840 --> 00:09:51,635
So that's how potent
is a medication that

310
00:09:51,635 --> 00:09:53,510
the dose for dose will give

311
00:09:53,510 --> 00:09:55,685
the same amount of
pain control effect.

312
00:09:55,685 --> 00:09:57,200
And so we try to write

313
00:09:57,200 --> 00:09:58,970
our prescriptions
so that they're

314
00:09:58,970 --> 00:10:01,715
standardized to equal
analgesic dosing

315
00:10:01,715 --> 00:10:03,470
on a standard
scale of what we'd

316
00:10:03,470 --> 00:10:05,255
call milligram
morphine equivalence.

317
00:10:05,255 --> 00:10:07,250
Now this is relatively new.

318
00:10:07,250 --> 00:10:10,040
It does not, is
not purveyed by

319
00:10:10,040 --> 00:10:11,420
any means medical care and

320
00:10:11,420 --> 00:10:13,130
that everyone
doesn't do this.

321
00:10:13,130 --> 00:10:14,300
But I think that
it's really

322
00:10:14,300 --> 00:10:15,860
important because we don't

323
00:10:15,860 --> 00:10:17,480
always appreciate
the potency

324
00:10:17,480 --> 00:10:18,740
of some of these
medications.

325
00:10:18,740 --> 00:10:20,600
So oxycodone, for example,

326
00:10:20,600 --> 00:10:22,415
is more potent
than morphine.

327
00:10:22,415 --> 00:10:23,840
And when we

328
00:10:23,840 --> 00:10:25,625
are writing those
prescriptions,

329
00:10:25,625 --> 00:10:27,380
we want to make sure
that we're giving

330
00:10:27,380 --> 00:10:29,705
the correct dose for
the correct duration.

331
00:10:29,705 --> 00:10:31,010

And so if we convert them

332
00:10:31,010 --> 00:10:33,050
to milligram morphine
equivalents,

333
00:10:33,050 --> 00:10:35,585
it helps us be on the
same playing ground.

334
00:10:35,585 --> 00:10:37,550
That being said, is there

335
00:10:37,550 --> 00:10:39,080
are some
differences that go

336
00:10:39,080 --> 00:10:40,760
beyond just the
pain control

337
00:10:40,760 --> 00:10:42,530
effect of these
medications.

338
00:10:42,530 --> 00:10:44,569
There's evidence
that medications

339
00:10:44,569 --> 00:10:46,130
such as hydromorphone have

340
00:10:46,130 --> 00:10:48,890
significantly
higher euphoriant

341
00:10:48,890 --> 00:10:50,660
effects that exceed

342
00:10:50,660 --> 00:10:53,180
just the ability
to control pain.

343
00:10:53,180 --> 00:10:54,890
And so a lot of people are

344
00:10:54,890 --> 00:10:56,570
going back to the
old standard of

345
00:10:56,570 --> 00:10:58,460
morphine because...
So you feel

346
00:10:58,460 --> 00:11:00,575
the pain but you
don't care about it?

347
00:11:00,575 --> 00:11:03,125
Well, actually I've said
that exact sentence

348
00:11:03,125 --> 00:11:04,130
and so I think that's

349
00:11:04,130 --> 00:11:05,824
a really good description.

350
00:11:05,824 --> 00:11:08,270
And there are
a lot of places,

351
00:11:08,270 --> 00:11:09,890
including institutions
which have

352
00:11:09,890 --> 00:11:11,450
gone to policy
of prescribing

353
00:11:11,450 --> 00:11:14,390
morphine and not partially
synthetic things

354
00:11:14,390 --> 00:11:16,055

like oxycodone or
hydromorphone,

355
00:11:16,055 --> 00:11:17,645
based on the
perception that

356
00:11:17,645 --> 00:11:19,940
they actually have
a higher euphoriant

357
00:11:19,940 --> 00:11:21,110
effect than the old

358
00:11:21,110 --> 00:11:22,220
standby of things like

359
00:11:22,220 --> 00:11:25,430
morphine. As a lay person,

360
00:11:25,430 --> 00:11:28,100
and you sit around
at cocktail parties,

361
00:11:28,100 --> 00:11:30,560
whatever and talk
about it, a lot of people

362
00:11:30,560 --> 00:11:32,150
I know, I have had
this happen too,

363
00:11:32,150 --> 00:11:34,520
where if you're in the
emergency room, or if

364
00:11:34,520 --> 00:11:36,200
you are given some sort of

365
00:11:36,200 --> 00:11:39,485
Opioid, that it makes
you sick either

366
00:11:39,485 --> 00:11:41,180
immediately or in

367
00:11:41,180 --> 00:11:45,589
the long...next ten to
12 hours. Is there

368
00:11:45,589 --> 00:11:47,780
...do you figure
that in like this is

369
00:11:47,780 --> 00:11:48,710
a medication that makes

370
00:11:48,710 --> 00:11:49,750
people sick sometimes,

371
00:11:49,750 --> 00:11:51,080
so we don't want
to use that one or

372
00:11:51,080 --> 00:11:52,565
do you just say this works,

373
00:11:52,565 --> 00:11:54,755
we'll deal with the
sickness later?

374
00:11:54,755 --> 00:11:57,200
Good follow-up
question because

375
00:11:57,200 --> 00:11:58,910
there are medications
that certainly

376
00:11:58,910 --> 00:12:00,830
have different side effect

377
00:12:00,830 --> 00:12:02,060
profiles as they go

378
00:12:02,060 --> 00:12:03,590
through things
and people also

379
00:12:03,590 --> 00:12:05,675
experience those
medications differently.

380
00:12:05,675 --> 00:12:07,790
So while some
patients may say that

381
00:12:07,790 --> 00:12:09,335
tramadol doesn't cause

382
00:12:09,335 --> 00:12:10,655
a euphoriant type effect,

383
00:12:10,655 --> 00:12:12,410
other people will say
it's more euphoriant

384
00:12:12,410 --> 00:12:14,015
and than some
other medications.

385
00:12:14,015 --> 00:12:15,470
And so there's a,
there's a personal

386
00:12:15,470 --> 00:12:16,775
experience of that as well.

387
00:12:16,775 --> 00:12:18,200
But there are
some side effects

388
00:12:18,200 --> 00:12:19,220
to these medications

389
00:12:19,220 --> 00:12:21,815
which are common,

including nausea.

390
00:12:21,815 --> 00:12:23,810
Some people get itching
related to them.

391
00:12:23,810 --> 00:12:25,340
It doesn't necessarily mean

392
00:12:25,340 --> 00:12:27,605
that it is an
allergic reaction.

393
00:12:27,605 --> 00:12:30,560
These medications, and especially
the old standbys

394
00:12:30,560 --> 00:12:31,670
is like morphine, can

395
00:12:31,670 --> 00:12:32,870
cause direct release of

396
00:12:32,870 --> 00:12:34,070
histamine which

397
00:12:34,070 --> 00:12:36,410
cause a lot of
those symptoms.

398
00:12:36,410 --> 00:12:39,620
At what point do you
consider prescribing

399
00:12:39,620 --> 00:12:41,165
naloxone?

400
00:12:41,165 --> 00:12:46,535
So naloxone is an antidote
to opioid medications,

401
00:12:46,535 --> 00:12:48,770

and it works
very quickly and

402
00:12:48,770 --> 00:12:50,390
very potently,
to immediately

403
00:12:50,390 --> 00:12:52,835
reverse the effects
of opioids.

404
00:12:52,835 --> 00:12:55,625
So essentially what
you're doing is you,

405
00:12:55,625 --> 00:12:57,230
if you administer or you

406
00:12:57,230 --> 00:12:59,120
prescribe naloxone
is you're asking

407
00:12:59,120 --> 00:13:02,060
them to have a
rescue medication

408
00:13:02,060 --> 00:13:03,410
in case they accidentally,

409
00:13:03,410 --> 00:13:06,080
or intentionally,
have an overdose.

410
00:13:06,080 --> 00:13:08,210
Our thinking on
this has come a

411
00:13:08,210 --> 00:13:09,590
long way as this used to

412
00:13:09,590 --> 00:13:12,710
be really a hospital-based
medication,

413
00:13:12,710 --> 00:13:14,870
but it saves lives in

414
00:13:14,870 --> 00:13:16,100
the community when people

415
00:13:16,100 --> 00:13:17,510
have naloxone available

416
00:13:17,510 --> 00:13:19,130
in case of those accidental

417
00:13:19,130 --> 00:13:20,855
or intentional overdoses.

418
00:13:20,855 --> 00:13:22,820
There are some patients
that would certainly

419
00:13:22,820 --> 00:13:25,310
benefit from having
naloxone available.

420
00:13:25,310 --> 00:13:26,690
And those are
folks that would

421
00:13:26,690 --> 00:13:27,860
be at the highest risk

422
00:13:27,860 --> 00:13:29,030
for having an accidental

423
00:13:29,030 --> 00:13:30,350
or intentional overdose,

424
00:13:30,350 --> 00:13:33,260
including folks who have

425
00:13:33,260 --> 00:13:34,850

higher doses of opioids

426
00:13:34,850 --> 00:13:36,770
prescribed to
them, or who have

427
00:13:36,770 --> 00:13:40,370
a high abuse or
addiction potential.

428
00:13:40,370 --> 00:13:42,140
So really, if you
have a history of

429
00:13:42,140 --> 00:13:43,955
an opioid overdose
in the past,

430
00:13:43,955 --> 00:13:45,230
I think it's
really important

431
00:13:45,230 --> 00:13:48,185
that prescribers
consider letting

432
00:13:48,185 --> 00:13:51,545
their patients have
access to naloxone.

433
00:13:51,545 --> 00:13:54,260
And many pharmacies
and states

434
00:13:54,260 --> 00:13:55,760
across the nation
actually have

435
00:13:55,760 --> 00:13:57,695
this available without
a prescription.

436
00:13:57,695 --> 00:13:59,990

And so prescribers and

437
00:13:59,990 --> 00:14:01,760
patients alike
should look into

438
00:14:01,760 --> 00:14:05,030
their regional
regulation of

439
00:14:05,030 --> 00:14:06,050
this medication to see

440
00:14:06,050 --> 00:14:07,445
where and how to get it.

441
00:14:07,445 --> 00:14:10,520
If you have opioid
doses which exceed

442
00:14:10,520 --> 00:14:13,775
50 milligram of morphine
equivalents per day,

443
00:14:13,775 --> 00:14:16,865
which means if you're
taking more than

444
00:14:16,865 --> 00:14:20,000
about six 5-milligram tablets

445
00:14:20,000 --> 00:14:21,860
of oxycodone a day,

446
00:14:21,860 --> 00:14:23,330
you should consider this

447
00:14:23,330 --> 00:14:25,010
as a reversal medication.

448
00:14:25,010 --> 00:14:30,839
And patients who have

psychiatric illness as

449
00:14:30,839 --> 00:14:32,905
a complicating
factor in their care,

450
00:14:32,905 --> 00:14:34,030
especially including those

451
00:14:34,030 --> 00:14:36,040
with clinical depression,

452
00:14:36,040 --> 00:14:39,520
so they should have that
available as well as

453
00:14:39,520 --> 00:14:41,050
these are high-risk
medications

454
00:14:41,050 --> 00:14:42,715
if taken in overdose.

455
00:14:42,715 --> 00:14:45,010
I'm fascinated by naloxone

456
00:14:45,010 --> 00:14:46,900
because I don't understand
it hardly at all,

457
00:14:46,900 --> 00:14:49,375
but you just
said a reversal...

458
00:14:49,375 --> 00:14:52,000
kind of I've thought,
is it like an eraser,

459
00:14:52,000 --> 00:14:53,440
like it just...like it's a do

460
00:14:53,440 --> 00:14:56,500

over or is it a,
a life jacket

461
00:14:56,500 --> 00:14:58,090
you know, that you can keep

462
00:14:58,090 --> 00:15:00,430
the patient alive
until you can

463
00:15:00,430 --> 00:15:02,530
let the effects of

464
00:15:02,530 --> 00:15:05,830
the opioid filter
away as time goes on?

465
00:15:05,830 --> 00:15:08,005
What exactly does
naloxone do?

466
00:15:08,005 --> 00:15:09,550
I like the idea of
thinking of it as

467
00:15:09,550 --> 00:15:11,020
an opioid eraser.
I'm going to use that

468
00:15:11,020 --> 00:15:13,289
in my clinical practice.
It's a do-over.

469
00:15:13,289 --> 00:15:15,125
It really does,

470
00:15:15,125 --> 00:15:17,390
especially given
in adequate doses,

471
00:15:17,390 --> 00:15:20,765
reverse opioid
medications profoundly.

472
00:15:20,765 --> 00:15:22,550
It immediately
puts patients

473
00:15:22,550 --> 00:15:23,870
into a withdrawal state,

474
00:15:23,870 --> 00:15:26,180
which you have to be
prepared for, because

475
00:15:26,180 --> 00:15:29,524
they can have vomiting,

476
00:15:29,524 --> 00:15:31,820
Diarrhea, and
certainly psychomotor

477
00:15:31,820 --> 00:15:33,725
agitation or even violence.

478
00:15:33,725 --> 00:15:35,390
And this takes effect after

479
00:15:35,390 --> 00:15:36,680
an injection within

480
00:15:36,680 --> 00:15:38,630
several seconds or minutes.

481
00:15:38,630 --> 00:15:40,430
And so I like the idea of

482
00:15:40,430 --> 00:15:42,230
thinking of it
as an eraser.

483
00:15:42,230 --> 00:15:42,620
There's

484

00:15:42,620 --> 00:15:44,660
some important caveats
to that though,

485
00:15:44,660 --> 00:15:46,489
because a dose of naloxone

486
00:15:46,489 --> 00:15:48,560
will last about an hour.

487
00:15:48,560 --> 00:15:50,420
And a lot of
the medications

488
00:15:50,420 --> 00:15:51,470
that we're reversing,

489
00:15:51,470 --> 00:15:52,760
our longer acting than

490
00:15:52,760 --> 00:15:54,230
the naloxone will be.

491
00:15:54,230 --> 00:15:56,630
And so patients
who have to take

492
00:15:56,630 --> 00:15:58,820
that naloxone or
bystanders

493
00:15:58,820 --> 00:16:01,040
to administer
naloxone should

494
00:16:01,040 --> 00:16:03,890
alert emergency services
and that patient

495
00:16:03,890 --> 00:16:06,110
should be monitored
and evaluated for

496
00:16:06,110 --> 00:16:08,510
a longer period
of time to make

497
00:16:08,510 --> 00:16:09,770
sure that the duration of

498
00:16:09,770 --> 00:16:11,510
the medications
doesn't exceed

499
00:16:11,510 --> 00:16:13,070
the reversal agent
and then they go

500
00:16:13,070 --> 00:16:14,810
back into an overdose state.

501
00:16:14,810 --> 00:16:16,010
Well, that's why I
think about it as

502
00:16:16,010 --> 00:16:17,270
a life preserver because

503
00:16:17,270 --> 00:16:19,055
you're still out
in the ocean.

504
00:16:19,055 --> 00:16:20,900
You need the boat.
You've still got

505
00:16:20,900 --> 00:16:22,640
an issue you
have to solve.

506
00:16:22,640 --> 00:16:24,230
But you can, you know,

507
00:16:24,230 --> 00:16:25,310
the life preserver gets

508
00:16:25,310 --> 00:16:26,480
you to the
emergency room or

509
00:16:26,480 --> 00:16:29,240
Wherever, just
long enough.

510
00:16:29,240 --> 00:16:30,995
Yeah, that's that
helps me understand.

511
00:16:30,995 --> 00:16:34,745
Yeah, sure. What
is drug diversion?

512
00:16:34,745 --> 00:16:36,980
It's very frequent actually,

513
00:16:36,980 --> 00:16:38,300
that we'll have patients

514
00:16:38,300 --> 00:16:40,010
come into the
doctor's office or to

515
00:16:40,010 --> 00:16:41,780
the emergency department
and say, you know,

516
00:16:41,780 --> 00:16:43,880
I've had this pain
and it didn't go

517
00:16:43,880 --> 00:16:46,159
away with some very
strong pain medication

518
00:16:46,159 --> 00:16:48,410
that my spouse or

519

00:16:48,410 --> 00:16:50,090
my grandmother had on

520
00:16:50,090 --> 00:16:52,145
hand that we
took a dose of.

521
00:16:52,145 --> 00:16:54,455
While that sounds very
innocent upfront,

522
00:16:54,455 --> 00:16:56,570
it's actually not
a very long jump

523
00:16:56,570 --> 00:16:58,070
from that situation

524
00:16:58,070 --> 00:17:01,850
to, there was 30
pills leftover

525
00:17:01,850 --> 00:17:03,380
and so I gave it to

526
00:17:03,380 --> 00:17:04,790
a family member
and I'm not sure

527
00:17:04,790 --> 00:17:06,425
exactly what they
did with it,

528
00:17:06,425 --> 00:17:07,970
but maybe they sold it to

529
00:17:07,970 --> 00:17:09,290
Somebody, or
maybe they took

530
00:17:09,290 --> 00:17:10,520
that medication,
or maybe they're

531
00:17:10,520 --> 00:17:12,425
keeping it on
hand for a party.

532
00:17:12,425 --> 00:17:15,739
And so drug
diversion is the

533
00:17:15,739 --> 00:17:17,570
diverting or taking of

534
00:17:17,570 --> 00:17:19,160
a medication that
is prescribed

535
00:17:19,160 --> 00:17:22,445
legally for one patient
for an indication

536
00:17:22,445 --> 00:17:25,310
that's necessary, and using

537
00:17:25,310 --> 00:17:26,345
it or diverting it,

538
00:17:26,345 --> 00:17:28,010
taking it to another person

539
00:17:28,010 --> 00:17:29,855
for whom it's
not prescribed

540
00:17:29,855 --> 00:17:31,850
and who doesn't
necessarily meet

541
00:17:31,850 --> 00:17:34,535
those indications
for the prescribing.

542
00:17:34,535 --> 00:17:37,130

What don't patients
understand about this?

543
00:17:37,130 --> 00:17:38,900
Because when I
hear this advice

544
00:17:38,900 --> 00:17:40,115
or when I hear this,

545
00:17:40,115 --> 00:17:41,525
here's how it should be,

546
00:17:41,525 --> 00:17:43,400
I think patients
are thinking, oh,

547
00:17:43,400 --> 00:17:46,130
you're just being "the law."

548
00:17:46,130 --> 00:17:48,020
I think I can take

549
00:17:48,020 --> 00:17:49,880
care of this medication
worked for me,

550
00:17:49,880 --> 00:17:51,230
I think my husband
could take it

551
00:17:51,230 --> 00:17:53,000
or my sister could take it.

552
00:17:53,000 --> 00:17:54,620
But is there...is there

553
00:17:54,620 --> 00:17:55,820
other things going on

554
00:17:55,820 --> 00:17:57,794
that patients

don't understand?

555
00:17:57,794 --> 00:17:59,350
Yeah. and I
think that we have

556
00:17:59,350 --> 00:18:00,910
some history with
which we can

557
00:18:00,910 --> 00:18:02,410
rely on as well
because this has

558
00:18:02,410 --> 00:18:04,105
been a problem
for some time.

559
00:18:04,105 --> 00:18:05,440
And we know that the,

560
00:18:05,440 --> 00:18:09,550
the highest risk
for diversion or

561
00:18:09,550 --> 00:18:11,740
misuse of opioid
medications really

562
00:18:11,740 --> 00:18:12,970
comes with the amount of

563
00:18:12,970 --> 00:18:14,680
medication that
is prescribed,

564
00:18:14,680 --> 00:18:17,500
number of tablets,
higher dose for example.

565
00:18:17,500 --> 00:18:19,240
And so if we're
giving a lot of

566
00:18:19,240 --> 00:18:21,730
an amount of
medication to people,

567
00:18:21,730 --> 00:18:23,740
it, it really puts

568
00:18:23,740 --> 00:18:25,660
patients and the community

569
00:18:25,660 --> 00:18:26,980
at risk for these things.

570
00:18:26,980 --> 00:18:28,570
I know that we
always feel that we

571
00:18:28,570 --> 00:18:30,700
can manage these
medications,

572
00:18:30,700 --> 00:18:32,925
but it is very common that

573
00:18:32,925 --> 00:18:35,380
medications go missing and

574
00:18:35,380 --> 00:18:37,750
it's very common
that people who even

575
00:18:37,750 --> 00:18:38,950
believe they're
managing them

576
00:18:38,950 --> 00:18:40,769
correctly may not

577
00:18:40,769 --> 00:18:43,250
end up doing that
in the long run.

578
00:18:43,250 --> 00:18:47,855
Well, I've got my Advil
or my ibuprofen

579
00:18:47,855 --> 00:18:50,330
nd everybody in my
family shares that.

580
00:18:50,330 --> 00:18:51,815
Or if somebody says, oh my,

581
00:18:51,815 --> 00:18:54,050
I have a headache, I
give them an ibuprofen.

582
00:18:54,050 --> 00:18:57,320
So I understand why
people think, I've got

583
00:18:57,320 --> 00:18:58,820
these opioids I got for

584
00:18:58,820 --> 00:19:01,160
my wisdom teeth and
there's two left,

585
00:19:01,160 --> 00:19:02,570
I'll just keep them in case

586
00:19:02,570 --> 00:19:04,460
I have a headache.

587
00:19:04,460 --> 00:19:06,410
I mean, I can see why
patients to do that,

588
00:19:06,410 --> 00:19:07,070
but it's not the

589
00:19:07,070 --> 00:19:08,360
same because the

medication is

590
00:19:08,360 --> 00:19:10,220
different. Yeah, and there is

591
00:19:10,220 --> 00:19:11,840
still a need for expertise

592
00:19:11,840 --> 00:19:16,939
in our country.
Really?

593
00:19:16,939 --> 00:19:18,740
We have the popularization,

594
00:19:18,740 --> 00:19:20,795
the popularization

595
00:19:20,795 --> 00:19:23,420
of lot of
self-management things

596
00:19:23,420 --> 00:19:25,250
and I think that that's
a really good trend

597
00:19:25,250 --> 00:19:26,525
for a lot of things.

598
00:19:26,525 --> 00:19:28,100
But there are
some things that

599
00:19:28,100 --> 00:19:30,440
still require
physicians, nurses,

600
00:19:30,440 --> 00:19:31,910
and pharmacists who have

601
00:19:31,910 --> 00:19:33,860
expertise in managing

these things to help

602
00:19:33,860 --> 00:19:35,780
keep individual patients

603
00:19:35,780 --> 00:19:37,895
and our populations safe.

604
00:19:37,895 --> 00:19:40,610
All right, speaking
of physicians,

605
00:19:40,610 --> 00:19:43,340
how do you know then
that a patient isn't

606
00:19:43,340 --> 00:19:45,050
doctor shopping?
So they're not

607
00:19:45,050 --> 00:19:47,300
getting an opioid from
their sister-in-law,

608
00:19:47,300 --> 00:19:48,590
but maybe they're going to

609
00:19:48,590 --> 00:19:49,850
different physicians

610
00:19:49,850 --> 00:19:51,980
and getting multiple
prescriptions.

611
00:19:51,980 --> 00:19:53,480
Yeah, and we'd spoken

612
00:19:53,480 --> 00:19:54,560
a little bit before about

613
00:19:54,560 --> 00:19:56,840
the prescription data

monitoring programs

614
00:19:56,840 --> 00:19:58,130
that are in place in

615
00:19:58,130 --> 00:19:59,735
most states in the nation

616
00:19:59,735 --> 00:20:03,980
and are required by at least
27 different states

617
00:20:03,980 --> 00:20:05,225
and Guam to be

618
00:20:05,225 --> 00:20:06,890
accessed prior to writing

619
00:20:06,890 --> 00:20:08,870
some prescriptions
for opioid

620
00:20:08,870 --> 00:20:10,955
or controlled
substance medications.

621
00:20:10,955 --> 00:20:11,840
I think that that's

622
00:20:11,840 --> 00:20:13,370
a helpful resource
and we need

623
00:20:13,370 --> 00:20:14,570
to make sure
that we're doing

624
00:20:14,570 --> 00:20:16,040
that more reliably.

625
00:20:16,040 --> 00:20:17,510
I also think that there's

626
00:20:17,510 --> 00:20:19,730
other efforts within
regions which have

627
00:20:19,730 --> 00:20:23,645
been very helpful at
quelling this problem,

628
00:20:23,645 --> 00:20:25,370
including sharing of

629
00:20:25,370 --> 00:20:27,170
electronic medical
records between

630
00:20:27,170 --> 00:20:29,660
different institutions
so that we really have

631
00:20:29,660 --> 00:20:31,400
access to who's getting

632
00:20:31,400 --> 00:20:33,755
what from where
and from whom.

633
00:20:33,755 --> 00:20:36,095
And finally,
let's talk about

634
00:20:36,095 --> 00:20:38,330
dispensing of the opioids

635
00:20:38,330 --> 00:20:40,220
in the emergency department,

636
00:20:40,220 --> 00:20:42,470
at one o'clock in the
morning, to go back to

637
00:20:42,470 --> 00:20:44,810

our previous example.
When opioids

638
00:20:44,810 --> 00:20:47,255
are determined to be

639
00:20:47,255 --> 00:20:49,940
needed for some acute pain,

640
00:20:49,940 --> 00:20:50,330
what is

641
00:20:50,330 --> 00:20:52,760
the best method for
administering them?

642
00:20:52,760 --> 00:20:54,380
That's a good question.

643
00:20:54,380 --> 00:20:55,850
Now, there are certainly

644
00:20:55,850 --> 00:20:57,620
patients that can't
take anything

645
00:20:57,620 --> 00:20:59,870
by mouth or who have
severe pain that needs

646
00:20:59,870 --> 00:21:02,570
to be acted on within
seconds to minutes.

647
00:21:02,570 --> 00:21:04,880
And those patients
may require

648
00:21:04,880 --> 00:21:06,620
intravenous or
intramuscular

649

00:21:06,620 --> 00:21:08,360
administration of opioids.

650
00:21:08,360 --> 00:21:10,310
However, for patients with

651
00:21:10,310 --> 00:21:13,475
chronic pain in the
absence of cancer,

652
00:21:13,475 --> 00:21:15,710
it's really not a
good idea to be

653
00:21:15,710 --> 00:21:18,245
using intravenous
or intramuscular,

654
00:21:18,245 --> 00:21:19,400
what we call parenteral

655
00:21:19,400 --> 00:21:22,485
administrations of
opioids, for chronic pain.

656
00:21:22,485 --> 00:21:25,135
Beyond just that
administration method,

657
00:21:25,135 --> 00:21:27,790
in general, chronic pain

658
00:21:27,790 --> 00:21:31,240
patients who have
long-term opioid use

659
00:21:31,240 --> 00:21:33,760
should be getting those
prescriptions from

660
00:21:33,760 --> 00:21:35,440
a single provider
with whom they

661
00:21:35,440 --> 00:21:38,140
maintain an opioid
therapy agreement.

662
00:21:38,140 --> 00:21:40,810
We shouldn't be allowing

663
00:21:40,810 --> 00:21:44,245
doctor shopping or
treatment in the ED.

664
00:21:44,245 --> 00:21:46,390
Now that's easier said than

665
00:21:46,390 --> 00:21:49,150
Done, because most of my
colleagues will say,

666
00:21:49,150 --> 00:21:51,025
and I, I've said,

667
00:21:51,025 --> 00:21:53,530
you know, we don't treat
chronic pain, in the ED.

668
00:21:53,530 --> 00:21:54,940
These patients
with chronic pain

669
00:21:54,940 --> 00:21:56,140
and chronic opioid use are

670
00:21:56,140 --> 00:21:58,810
coming to the ED for
an acute flare of

671
00:21:58,810 --> 00:22:01,360
that pain or
some other super

672
00:22:01,360 --> 00:22:03,010

imposed pain on top of

673
00:22:03,010 --> 00:22:05,175
their chronic pain
like an injury.

674
00:22:05,175 --> 00:22:07,820
Now those are very
difficult situations,

675
00:22:07,820 --> 00:22:08,960
but in general,

676
00:22:08,960 --> 00:22:10,790
adding opioids on top of

677
00:22:10,790 --> 00:22:11,870
a chronic use in

678
00:22:11,870 --> 00:22:13,670
an emergency department
or acute care

679
00:22:13,670 --> 00:22:15,890
setting is still
probably not

680
00:22:15,890 --> 00:22:19,040
a good idea, and I would
not recommend it.

681
00:22:19,040 --> 00:22:21,320
I think that patients
should follow up

682
00:22:21,320 --> 00:22:23,720
with their single
primary provider

683
00:22:23,720 --> 00:22:26,180
who controls their
long-term opioid care

684
00:22:26,180 --> 00:22:28,535
for any changes in
that prescribing.

685
00:22:28,535 --> 00:22:30,320
And I think that
we need to have

686
00:22:30,320 --> 00:22:32,675
a consistent and
unified message

687
00:22:32,675 --> 00:22:35,390
for patients that that's
what we're gonna do.

688
00:22:35,390 --> 00:22:37,880
And I don't know that
we're all there yet.

689
00:22:37,880 --> 00:22:39,560
Well, thank you, Dr.
Casey Clements for

690
00:22:39,560 --> 00:22:41,120
joining us. In our
next episode,

691
00:22:41,120 --> 00:22:43,340
we'll continue to
discuss opioids in

692
00:22:43,340 --> 00:22:45,020
the emergency
department and

693
00:22:45,020 --> 00:22:47,059
we'll talk a little
bit about the weaning

694
00:22:47,059 --> 00:22:50,090
of opioids or the
discontinuation of them.

695
00:22:50,090 --> 00:22:52,009
If you enjoyed
this podcast,

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register. That's
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701
00:23:09,635 --> 00:23:12,540
Thank you, Dr. Clements.
Thank you.