

# The Patient Overly Focused on Opioid Therapy

SCOPE of Pain *Colleague to Colleague* Audio Short: #11

Welcome back to the SCOPE of Pain Audio Shorts Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine SCOPE of Pain Program.

A patient treated with long-term high-dose opioids for chronic pain insists on having her opioid dose increased to improve her pain management and refuses to consider adding other non-opioid medications or accepting referrals to other forms of pain treatment, including physical therapy, cognitive behavioral therapy or acupuncture. How will you respond to this patient's lack of interest in other chronic pain management strategies?

The first step is to find out why she's not open to considering other forms of pain management and what is her understanding of the limitations of managing her pain only with opioids versus the benefits of multimodal care?

Clinicians should consider rational polypharmacy in patients with difficult-to-control chronic pain. Rational polypharmacy is the combining of different medications, such as opioids, acetaminophen, nonsteroidal anti-inflammatory drugs, antidepressants and anticonvulsants.

There are randomized, placebo-controlled studies that show by combining multiple medications with different mechanisms of action, you're able to improve efficacy and minimize adverse effects by decreasing the total dose of any one drug. There are also systematic reviews showing that comprehensive, multimodal pain care that includes nonpharmacologic treatments is more effective than single-modality treatments.

Our patient's reluctance to make changes in her pain regimen may be due to unrealistic expectations about the efficacy of opioids for chronic pain. She needs to be reminded that opioids may offer some benefit to some patients, but the benefit, like all medications used to treat chronic pain, is modest.

While increasing her opioid dose may offer some minimal additional benefit, it will only increase the opioid-associated risk for this patient who is already on high-dose opioids.

She may assume that these other treatments are simply hurdles needed to jump in order to get what she really needs, which in her mind is more opioids. If she continues to demand higher-dose opioids and refuses to consider other forms of pain management, despite your efforts to explain the rationale for this approach, it is fair to reflect back to her that she seems to be overly focused on opioids, rather than on pain relief and functional improvement.

The benefits of rational polypharmacy and multimodal care are covered in more detail in the Scope of Pain program. You're not alone in facing these challenging issues. Thanks for listening.

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