

Universal Precautions in Pain Management –A Rational Approach to Management of Chronic Pain

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Pain is an extremely common primary care complaint

- 80% of office visits are prompted by pain
 - It is not well managed
 - It is often not taken seriously by practitioner or the public
 - Despite effective treatment options, many doctors are “electing” not to get involved
 - Belief that “pain doesn’t kill” is common

Why is this?

- Fear of iatrogenic problems
 - Abuse / Addiction / Diversion
- Fear of regulatory sanction
- Concern over long-term efficacy
- Lack of time / Inadequate compensation

Fear of Addiction

- “Real Pain and True Addiction are mutually exclusive”
 - NOT TRUE
 - Prevalence of addiction in General Population is not insignificant (~10%)
 - Literature is biased by imprecise terminology
 - Really have no idea what prevalence is in CNCP
 - “10% of your patients take 90% of your time”

Opioids are Addicting

- NOT TRUE
 - No evidence in literature that any drug 'causes' addiction
 - Some drugs have higher abuse liability
 - Only in the 'at-risk' population, in the right setting with the right drug does addiction occur

Fear of Regulatory Sanction (Regulators are Opiophobic)

- NOT TRUE
 - But in the absence of knowledge, they do some strange things
 - Very few prescribers have been investigated by their Medical Boards due to prescription of opioids – even fewer have lost license
 - There is no expectation of physicians to act as “police officers”

Opioids are ineffective for CNCNP

- NOT TRUE

- Literature clearly shows efficacy of opioids in CNCNP but unclear for how long
- Not equally effective for all patients or for all types of pain, hence the term:

“Trial of Opioid Therapy”

- Need a clear plan to terminate trial, if opioids are ineffective

You can identify “problem patients” easily, if you know what to look for

- NOT TRUE

- Very difficult diagnosis to make in pain patients even with careful limit setting
- No one (aberrant) behavior is pathognomonic of addiction
- Diagnosis of addiction is made prospectively, over time
- Having an addictive disorder does not rule out a treatable chronic pain problem

Universal Precautions in Infectious Disease

- Need to protect both the health worker (infection) AND the patient (unnecessary stigmatization)
- Inability to accurately identify the “at-risk” patient
- 1985 CDC published ‘Universal Precautions’
 - A set of recommendations if applied to all patients, would reduce the risk of transmission of infectious disease

Universal Precautions in Infectious Disease

- The elements already existed
 - But not collected together in one document
 - Not universally applied
- By applying to all patients, three goals achieved:
 - Reduced risk to health workers
 - Decreased stigmatization of patients
 - Didn't have to 'know' who was at risk

Universal Precautions in Pain Medicine

- Striking similarity to infectious disease model
 - At risk population hard to identify
 - Incorrect assessment can lead to patient and practitioner harm
 - All elements of the model currently exist

Universal Precautions

- How do we implement it?
 - Thoroughly inquire into drug and alcohol history
 - Set boundaries around medication use
 - Identify aberrant behavior
- Triage
 - CNCP patients managed by primary care
 - Those managed with specialist support
 - Tertiary level CNCP patients
- Assess Opioid Responsiveness through rational trials of opioid therapy

Universal Precautions in Pain Medicine

1. Diagnosis with reasonable differential
2. Psychological assessment including risk of addictive disorders
3. Informed consent
4. Treatment agreement
5. Pre and post-intervention assessment of pain level and function
6. Appropriate trial of Opioid Therapy +/- Adjuvant Meds
7. Reassessment of pain score and level of function
8. Regularly assess the "4 A's" of pain medicine
9. Periodically review pain diagnosis and co-morbid conditions including addictive disorders
- 10. DOCUMENT, DOCUMENT, DOCUMENT**

Summary

- By consistently applying a basic set of principles to CNCP patients
 - Patient care is improved
 - Stigma is reduced
 - Overall risk is contained
- “Universal Precautions” isn’t about opioid therapy: It’s the basis of sound medical practice