

# General Recommendations for Treating Chronic Pain

## 1 ASSESSMENT View assessment tools

It is seldom appropriate to prescribe chronic opioids on the first visit. Clinic staff should set expectations when scheduling the appointment.

Review medical history; obtain records from previous providers; perform a **MAPS query**; have patient complete an assessment like the **ORT**; provider can consider completing the **DIRE** screen.

Perform a physical exam to determine baseline function and pain.

What prior attempts were made to treat this pain with non-opioid modalities? What worked/what did not work?

Is opioid treatment appropriate for this **clinical condition**?

Sources of strength for the patient (social supports; housing; meaningful work; nurturing home environment, etc.)

Psychosocial stressors for the patient (prior physical/psychosocial trauma; social isolation; precarious housing; lack of/inability to work; stressful home environment, etc.)

Psychosocial and addictive risk assessment: consider risk of medication abuse and psychiatric co-morbidity.

Respiratory depression during sleep risk assessment (e.g. **STOPBANG/Sleep Apnea evaluation**).



## 2 NON-OPIOID OPTIONS

Create a plan of treatment with the patient that incorporates **non-opioid** and **non-pharmacological** interventions.

Patient lifestyle improvement: exercise, weight loss, diet, meditation, sleep hygiene.

Perform a physical exam to determine baseline function and pain.

Behavioral therapies: CBT, peer-to-peer or other peer support, psychotherapy, and case management.

Physiotherapy modalities: OT, PT, TENS, passive modalities.

Medical interventions: pharmacological, procedural, surgical.



## 3 OPIOID TREATMENT View prescribing guidelines

Evaluate potential benefits as well as potential risks with the patient (risk of addiction/dependence; risk of respiratory depression/overdose; decreased libido and sexual dysfunction; cognitive impairment; limited evidence of benefit of long term therapy, etc.)

Perform urine drug screen (UDS) prior to prescribing.

Perform a physical exam to determine baseline function and pain.

Check for evidence of possible misuse (**MAPS**).

Patient and Provider agree on and document treatment goals with a focus on preserving/ improving function and quality of life understanding that pain may not resolve completely.

Patient signs a **treatment agreement**.

Prescribe **Naloxone** and counsel the patient and family regarding overdose risk and how to recognize and respond to an overdose.



### AT EVERY VISIT!



Assess for changes in function and pain.

Evaluate **progress** on treatment goals.

Assess for aberrant behaviors as agreed to in the Pain Agreement (have patient complete the **COMM**; provider can consider completing the ABC screen; perform random UDS, check **MAPS** at every visit to see if the patient is seeking pain medications from multiple providers).

Assess for adverse side effects (constipation, interactions with other medications, sleep disturbance, drowsiness, emotional lability).

**PROCEED WITH CAUTION!** Re-evaluate your treatment plan/seek help from specialists if you are:

- prescribing more than 100 mg MED/day without obvious functional improvement.
- prescribing opioids with benzodiazepines.
- prescribing more than 40 mg of methadone/day.
- or if your patient shows **signs of significant misuse or illicit drug use**.

If no improvement or if aberrant behavior or adverse side effects are observed, seek consultation with a **specialists**.

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## References

- 1 Pain Treatment Guidelines. Oregon Pain Guidance. <https://www.oregonpainguidance.org/pain-treatment-guidelines/>.
- 2 Guidelines for Prescribing Controlled Substances for Pain. Medical Board of California. [http://www.mbc.ca.gov/Licensees/Prescribing/Pain\\_Guidelines.pdf](http://www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf). Published November 2014.
- 3 Resources for Providers: Integrated Healthcare Association. Integrated Healthcare Association . <https://www.ihc.org/our-work/insights/smart-care-california/focus-area-opioids/resources-providers>.
- 4 MHA SUDPTTF Guidelines for Prescription Opioid Management within Hospitals. The Massachusetts Hospital Association's Substance Use Disorder Prevention and Treatment Task Force . <http://patientcarelink.org/wp-content/uploads/2017/06/SUDPTTFGuidelinesforPrescriptionOpioidManagementwithinHospitals.pdf>.