



Managing Pain in Patients with Substance Use Disorders

DATE: June 2020 PRESENTED BY: Jonathan Robbins, OHSU Internal Medicine

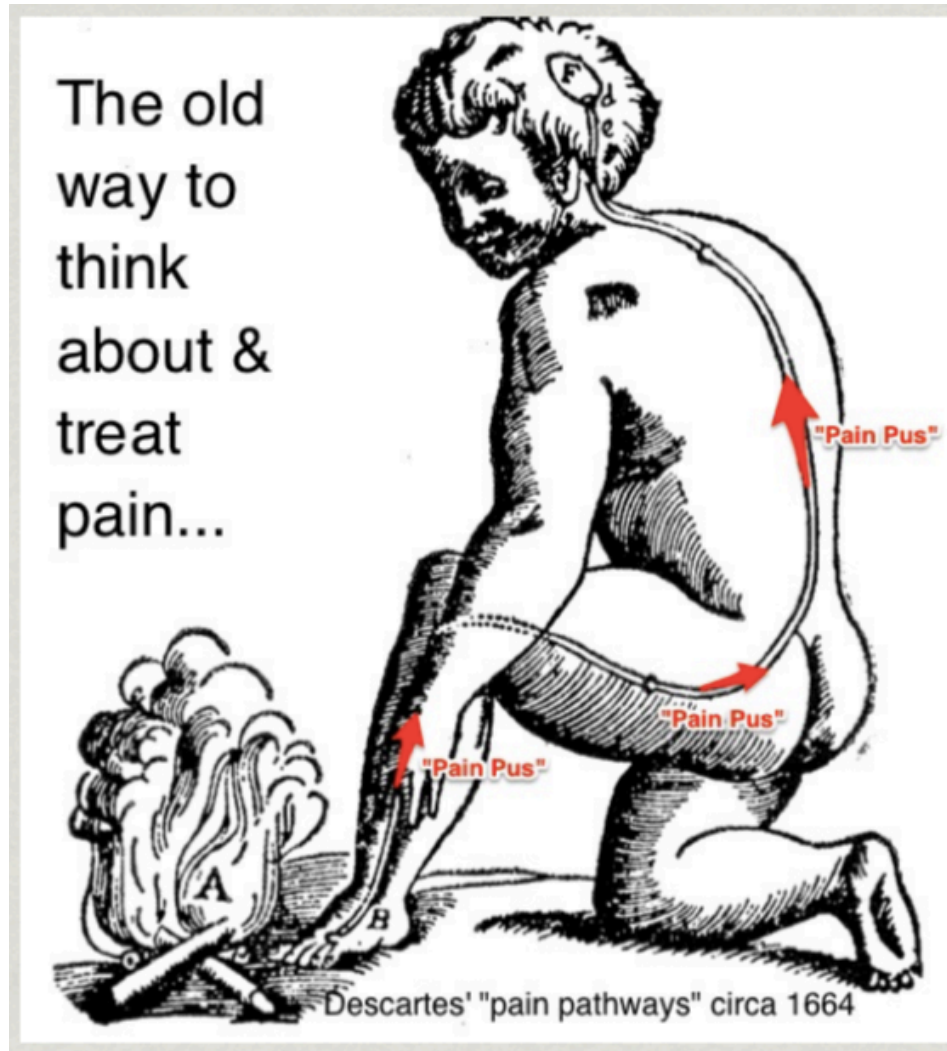
Disclosures

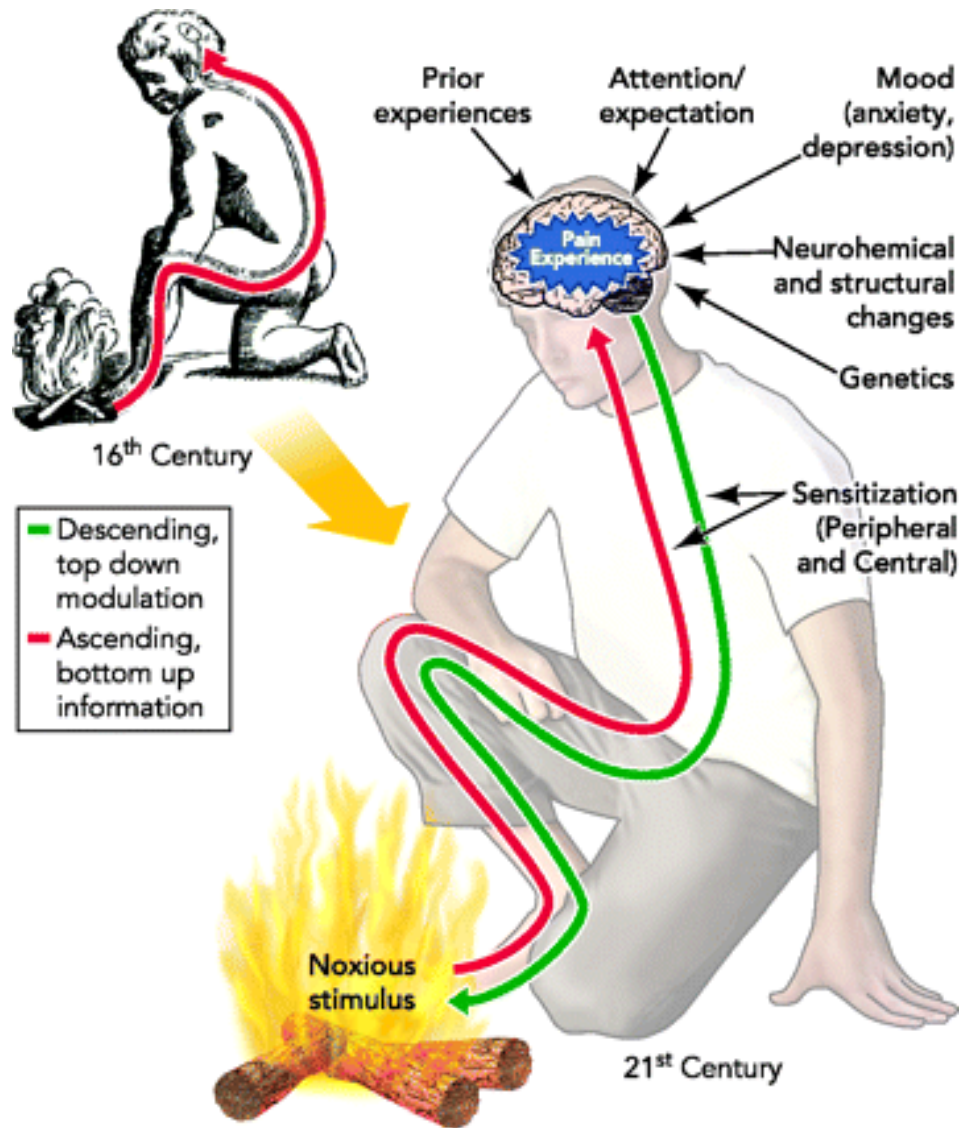
- **Speaker:** Jonathan Robbins has nothing to disclose
- **Planning Committee:** The members of the planning committee have nothing to disclose.

Learning Objectives

1. Describe the biopsychosocial model of pain
2. Recognize that the neurobiology of pain mirrors the neurobiology of addiction
3. Identify ways to improve pain management in patients with substance use disorders

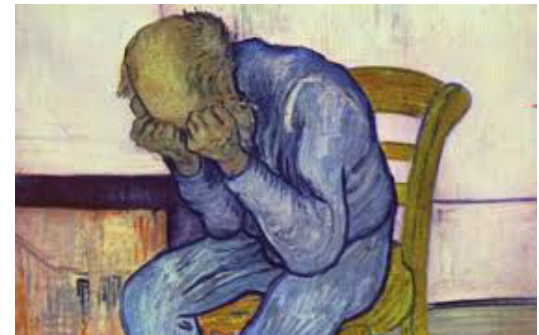
Biological Model





Pain Experience, or Suffering

- 'I hurt' = **suffering (metaphysical)**
- Internal factors: cognitive, motivational, emotional, psychological, and spiritual
- Environmental factors: gender, past experiences, memories, cultural, and social
- Influenced by genetics and general health conditions



Goal: Focus on Function



Restore function

Improve QOL

Cultivate well-being

Reduce pain

Robbins' Stool Talk



A Tough Case

HPI: 49 year-old man with **EtOH cirrhosis**

Complications: encephalopathy, large volume ascites, UGIB

Pain generator: abdominal distention, ulcerated umbilical hernia, MSK back pain

SUD treatment: **active EtOH**, recent ICU care for DTs

Opioid history: oxycodone 5 mg TID from private pain clinic, recent episode of **altered mental status** in context of opioids and encephalopathy (received naloxone)

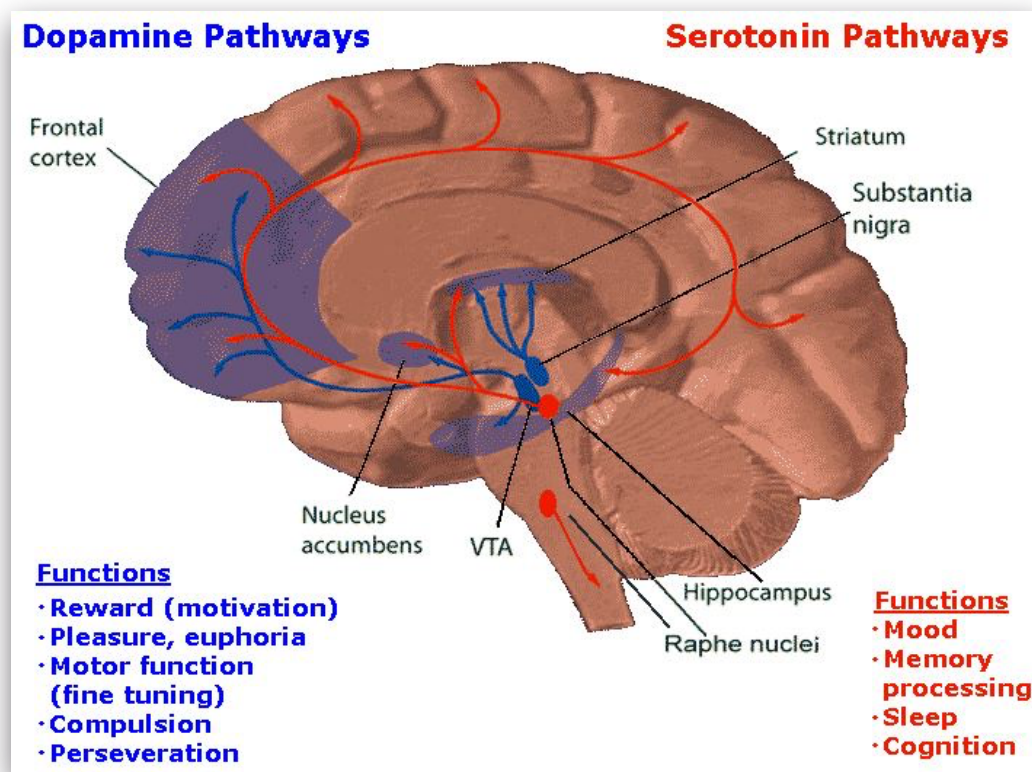


“If you don’t give me oxycodone, I’ll have to go **back to drinking** to treat my pain.”

Opioids  Chronic Pain Treatment



Neurobiology of Pain

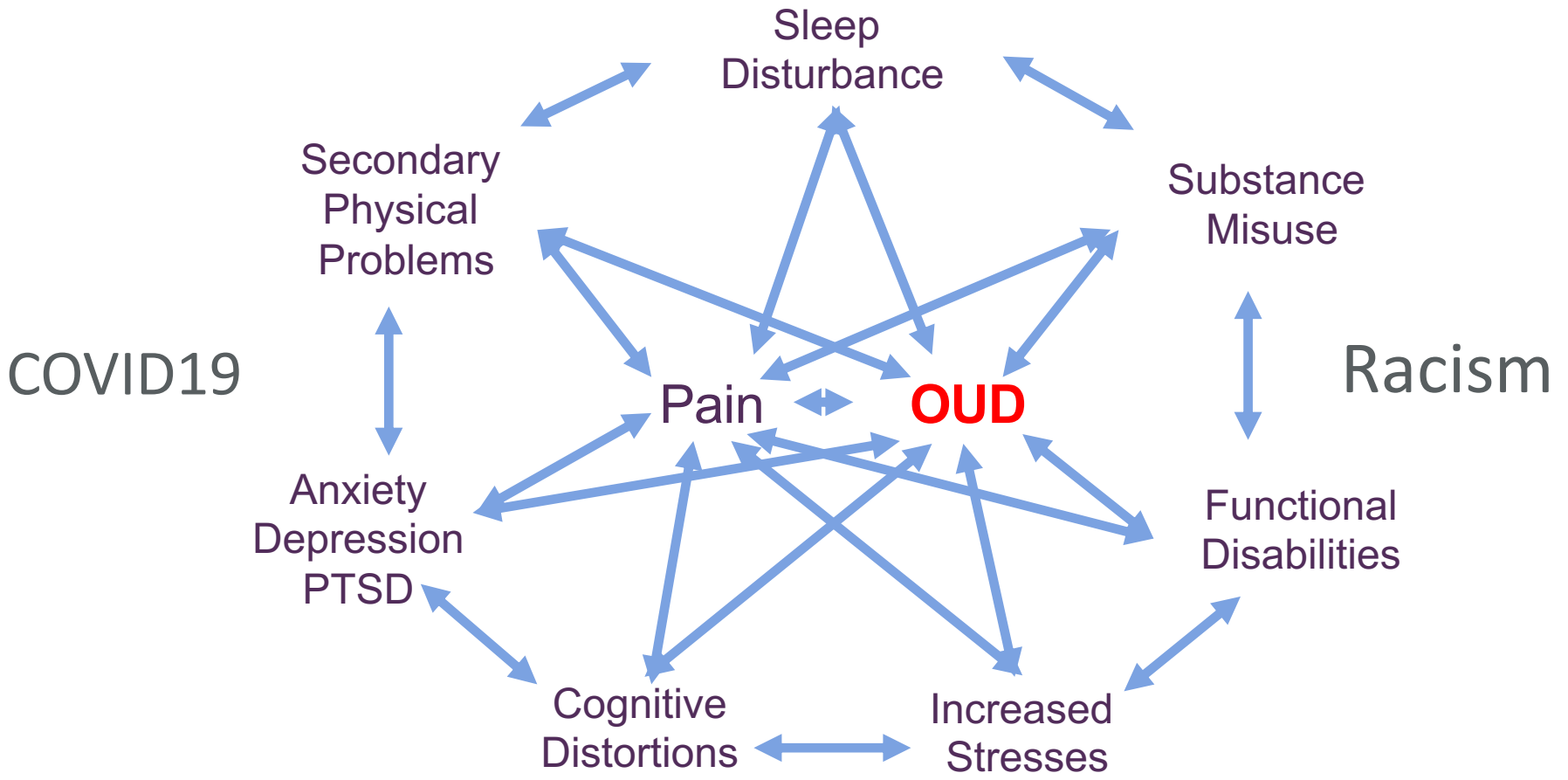


⁶⁶Until we treat your

Alcohol
Opioid
Methamphetamine

use disorder, it will be difficult to get

a handle on your pain.⁹⁹



“My job is to maximize your quality of life and protect your safety.

Here are all the things I can offer that are **safe and effective to treat your pain.”**

Medications: buprenorphine/naloxone 2 mg SL qdaily, duloxetine 60 mg, gabapentin 600 mg BID, trazodone 50 mg QHS

Referrals: paracentesis PRN, behavioral health, wound care

Follow-up plan: weekly visit with PCP

Outcome: abstinent from EtOH x 6 months, had TIPS

Conclusions

1. Chronic pain is an experience of suffering, not just a set of overactive nociceptors.
2. Remember the stool: mind work, body work, safe medication.
3. To control the pain you must address the substance use disorder first.

Thank You!

Jonathan Robbins MD, MS
General Internal Medicine
OHSU

robbijon@ohsu.edu

