OPIOIDS AND CANNABINOIDS IN PAIN MANAGEMENT

BY

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LEARNING OBJECTIVES

- Understand the history of the opioid crisis
- Understand opioid induced hyperalgesia.
- Understand the use of Cannabinoids in Pain Management

- 1960. THALIDOMIDE
- 1960's Hershel Jick: Boston University data base
- 1979. New England Journal of Medicine. With Graduate Student Jane Porter. Hospitalized patients given opioids and addiction. Only 4 patients became addicted out of 12,000 patients.
- A SEED WAS PLANTED.

- 1986 KATHY FOLEY AND RUSSELL PORTENOY. PAIN.
- NON CANCER PAIN. OPIOID TREATMENT.
- 38 PATIENTS.
- IS ADDICTION A CONCERN?

- AMERICAN PAIN SOCIETY.
- Pain treatment
- THE RISK OF ADDICTION IS LOW.
- OPIOIDS—NO CEILING.
- PAIN. THE 5TH VITAL SIGN.

- JOINT COMMISSION FOR ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO)
- 1998. PAIN AS THE 5TH VITAL SIGN

- Press Gainey Surveys. Patient Satisfaction.
- PATIENT RIGHTS.
- PURDUE PHARMACY. TIMED RELEASE PAIN MEDICATION.

- 1996 OXYCONTIN RELEASED.
- Less than 1% addiction rates. Less peaks and valleys. Less addiction.
- FDA. ALLOWED THE CLAIM OF LOWER POTENTIAL FOR ABUSE. LESS CRAVING.
- Pseudo addiction.

- PURDUE PHARMACY.
- DRUG REPS PROMOTED.
- LEGAL THREATS IF MENTION OF ADDICTION.

- CENTRAL NERVOUS SYSTEM PAIN.
- OPIOIDS CAN ACTUALLY WORSEN NEUROPATHIC PAIN STATES.

- 1990's. Case reports regarding Remifentanil.
- POTENT OPIOID METABOLIZED BY PLASMA ESTERASES.
- QUICK ONSET, THEN EFFECT QUICKLY GONE.
- LARGE DOSES INTRA-OP. INCREASED POST-OP REQUIREMENTS OF MORPHINE.

- OPIOID INDUCED HYPERALGESIA IS A CENTRAL SENSITIZATION ISSUE.
- OTHER CENTRAL SENSITIZATION PAIN STATES:
 - FIBROMYALGIA.
 - HEADACHES.
 - BACK PAIN.

- OPTIONS FOR TREATMENT.
 - OPIOID ROTATION.
 - NMDA MEDICATIONS. SUCH AS DEXTROMETHORPHAN OR METHADONE.
 - WEAN OPIOIDS.

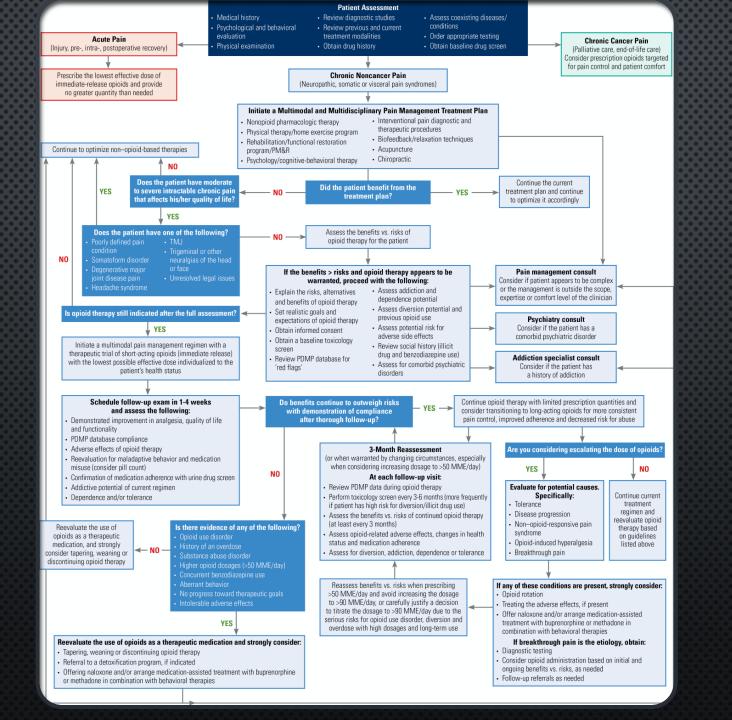
HISTORY OF THE OPIOID CRISIS

- CDC IN 2016.
- OPIOIDS FOR CHRONIC PAIN HAVE NO EVIDENCE OF BENEFIT.
- LARGE AMOUNT OF EVIDENCE FOR HARM.
- 2012 "259 MILLION PRESCRIPTIONS FOR OPIOID MEDICATION".

HISTORY OF THE OPIOID CRISIS

- CDC. INCREASE RISK OF DEATH WITH OPIOID USE:
 - Multiple prescribers.
 - HIGH TOTAL DAILY OPIOID DOSAGE.
 - OPIOIDS PLUS BENZODIAZEPINES.
 - OPIOID USE DISORDER.
 - SLEEP APNEA. RENAL OR HEPATIC INSUFFICIENCY.
 - MENTAL HEALTH DISORDERS.





RISK OF ADDICTION TOOLS

- 16 TESTS FOR THE RISK OF ADDICTION
- OPIOID RISK TOOL
 - Published in 2005
 - Personal or family history of addiction
 - Mental Health Issues
 - HISTORY OF PREADOLESCENT SEXUAL ABUSE
 - MALE OR FEMALE

ALGORITHM FOR OPIOID USE AVOID OPIOIDS

- POORLY DEFINED PAIN
- HEADACHE SYNDROME
- TMJ
- NEURALGIAS OF THE HEAD OR FACE
- DEGENERATIVE MAJOR JOINT DISEASE PAIN

ALGORITHM FOR OPIOID USE CONSIDER WEANING

- OPIOID USE DISORDER
- HISTORY OF AN OVERDOSE
- HIGHER OPIOID DOSAGES
- CONCURRENT BENZODIAZEPINE USE
- ABERRANT BEHAVIOR
- NO PROGRESS TOWARD THERAPEUTIC GOALS
- INTOLERABLE ADVERSE EFFECTS

• LECTURE BY DR. CALTON LYONS

- RECEPTORS
 - CB1-CNS
 - Psychoactive
 - CB2-IMMUNE SYSTEM
- ENDOCANNABINOIDS
 - ANANDAMIDE
 - 2-ARACHIDONOLYLGLYCEROL

- Delta 9 tetrahydrocannabinol (THC)
 - PSYCHOACTIVE
 - RESPONSE BLUNTED BY CANNABIDIOL (CBD)
 - LIPOPHILIC. RAPIDLY ABSORBED.
 - VARIABLE HALF LIFE.

- MARIJUANA. CANNABIS SATIVA
 - FEDERAL GOVERNMENT SCHEDULE 1
 - UNREGULATED AND NON-STANDARDIZED
 - SAFETY CONCERNS
 - PESTICIDES
 - MOLDS

- CBD. CANNABIDIOL
 - MECHANISM OF ACTION.
 - Possibly by inhibiting the breakdown of endocannabinoids
 - BIND RECEPTORS.

- WHAT'S LEGAL
 - FEDERAL GOVERNMENT AND INDIANA
 - 2018 FARM BILL
 - HEMP--CANNABIDIOL (CBD)
 - LESS THAN 0.3% THC

- FDA REGULATED DRUGS
 - DRONABINOL. THC
 - INDICATIONS FOR ANOREXIA-AIDS
 - INDICATIONS FOR CHEMOTHERAPY INDUCED NAUSEA AND VOMITING
 - EPIDIOLEX. CBD
 - INDICATIONS FOR SEIZURE DISORDERS.

EVIDENCE BASED MEDICINE

- THC. SCHEDULE 1.
 - HIGH POTENTIAL FOR ABUSE.
 - NO CURRENTLY ACCEPTED MEDICAL TREATMENT IN THE US
 - LACK OF ACCEPTED SAFETY FOR USE UNDER MEDICAL SUPERVISION
- UNIVERSITY OF MISSISSIPPI
 - UP TO 7% THC

- THC CONTENT IN MARIJUANA
 - Naturally occurring: 1% (CBD 1%)
 - 1996: 5%
 - Now: Up to 40%
- CONCENTRATES
 - UP TO 80-90%
- FEDERAL LIMITS WITH RESEARCH
 - 7%

- MARIJUANA USE:
 - OIL
 - PILL
 - VAPORIZED LIQUID
 - NASAL SPRAY
 - SMOKED

- MARIJUANA RISKS:
 - ADOLESCENT USE—LATER DEVELOPMENT OF SCHIZOPHRENIA
 - ACUTE INCREASE IN SYMPATHETIC ACTIVITY
 - MI OR STROKE
 - PERIODONTAL DISEASE
 - LOWER SPERM COUNTS
 - HYPEREMESIS SYNDROME

- Marijuana
 - PSYCHOACTIVE RISKS
 - MOTOR VEHICLE ACCIDENTS
 - ALCOHOL VERSUS THC
 - RISKS FROM COMMERCIALIZATION (REMEMBER PURDUE PHARMACY)
 - 2015 CNN SERIES
 - COLORADO
 - "PRO-WEED LOBBY" (BEN CORT)
 - CONTAMINATION
 - CHICAGO—WARFARIN TYPE SUBSTANCE
 - PESTICIDES

WHAT TO TELL PATIENTS

- CBD
 - DEFINITE BENEFITS
 - NOT FDA REGULATED
 - Purity
 - Contaminations

WHAT TO TELL PATIENTS

- MARIJUANA
 - ILLEGAL
 - INDIANA
 - FEDERAL
 - SAFETY CONCERNS