



OHSU

Managing Pain in Patients with Substance Use Disorders

DATE: May 2019 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

- Understand the biopsychosocial model of pain
- Recognize that the neurobiology of pain mirrors the neurobiology of addiction
- Identify ways to improve pain management in patients with substance use disorders

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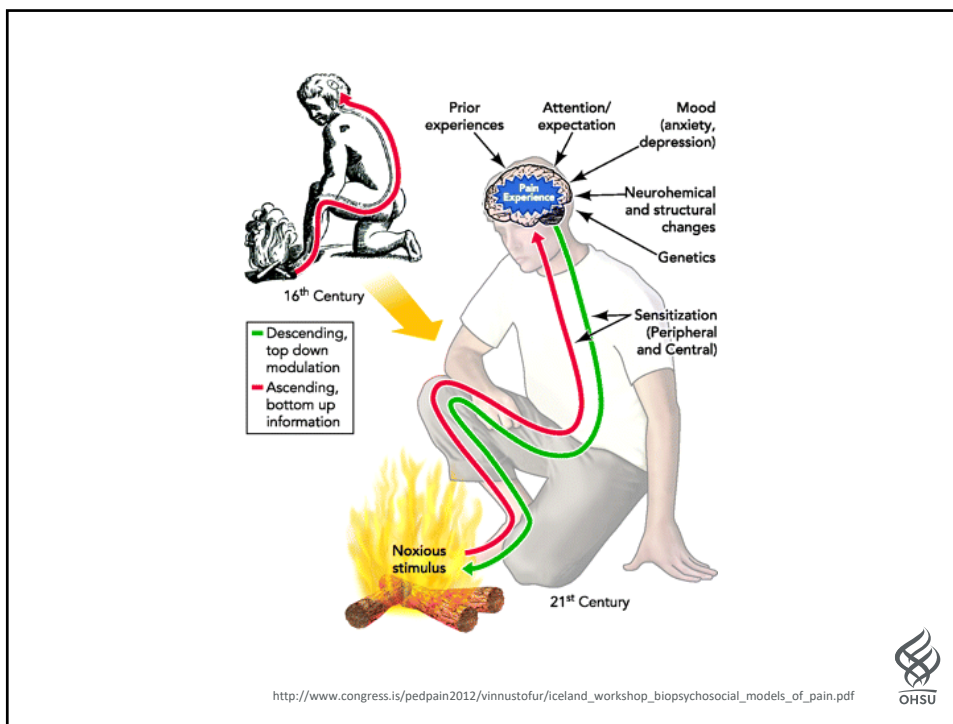


Biological Model



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Pain Experience, or Suffering

- ‘I hurt’ = the patient in your clinic is **suffering**
- 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

Flor H et al. *Pain* 1992, Roberts AH et al. *Clin J Pain* 1993
 Patrick LE et al. *Spine* 2004, Kamper SJ et al. *Cochrane Review* 2014



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)

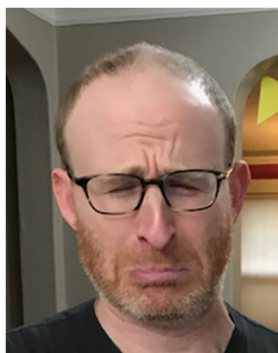




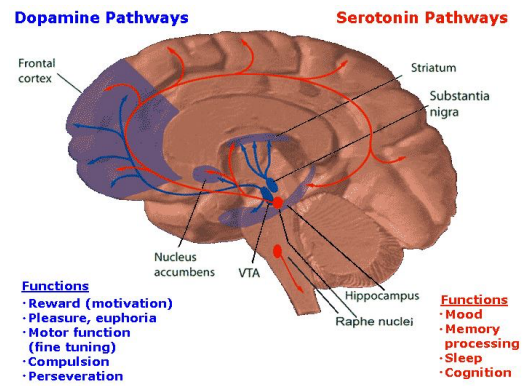
“If you don’t give me oxycodone,
I’ll have to go **back to drinking** to
treat my pain.”

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<https://www.creativeexiles.com/2016/05/psychological-manipulation/>



Neurobiology of Pain



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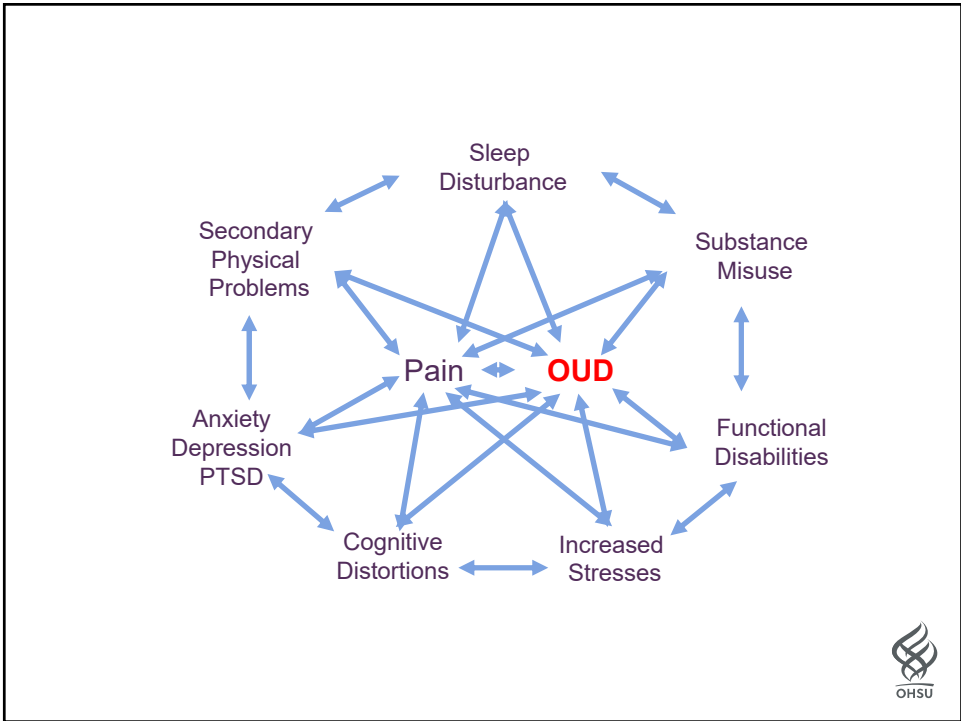
Opioids \neq Analgesia

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“Until we treat your **Alcohol
Opioid
Methamphetamine** use disorder, it will be difficult to get a handle on your pain.”

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“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

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Thank You!

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