



ALTERNATIVES TO OPIOIDS FOR PAIN MANAGEMENT

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- No financial disclosures

“We must appreciate that severe constant pain will destroy the morale of the sturdiest individual. . . . But . . . we are often loathe to give liberal amounts of narcotics because the drug addiction itself may become a hideous spectacle.”

Dr. Warren Cole, surgeon

(circa 1956)



1.9 million

90

33,091



467,000 adolescents are current nonmedical users of opioid pain relievers

168,000 having an addiction to prescription pain relievers

2.8 million seniors ABUSED opioids in the past year

1999-2010 opioid prescriptions quadrupled

**There was no overall increase in pain reported by
Americans**

ADDICTION RARE IN PATIENTS TREATED
WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although

Pain. 1986 May;25(2):171-86.

Chronic use of opioid analgesics in non-malignant
pain: report of 38 cases.

Portenoy RK, Foley KM.

narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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TAKIE

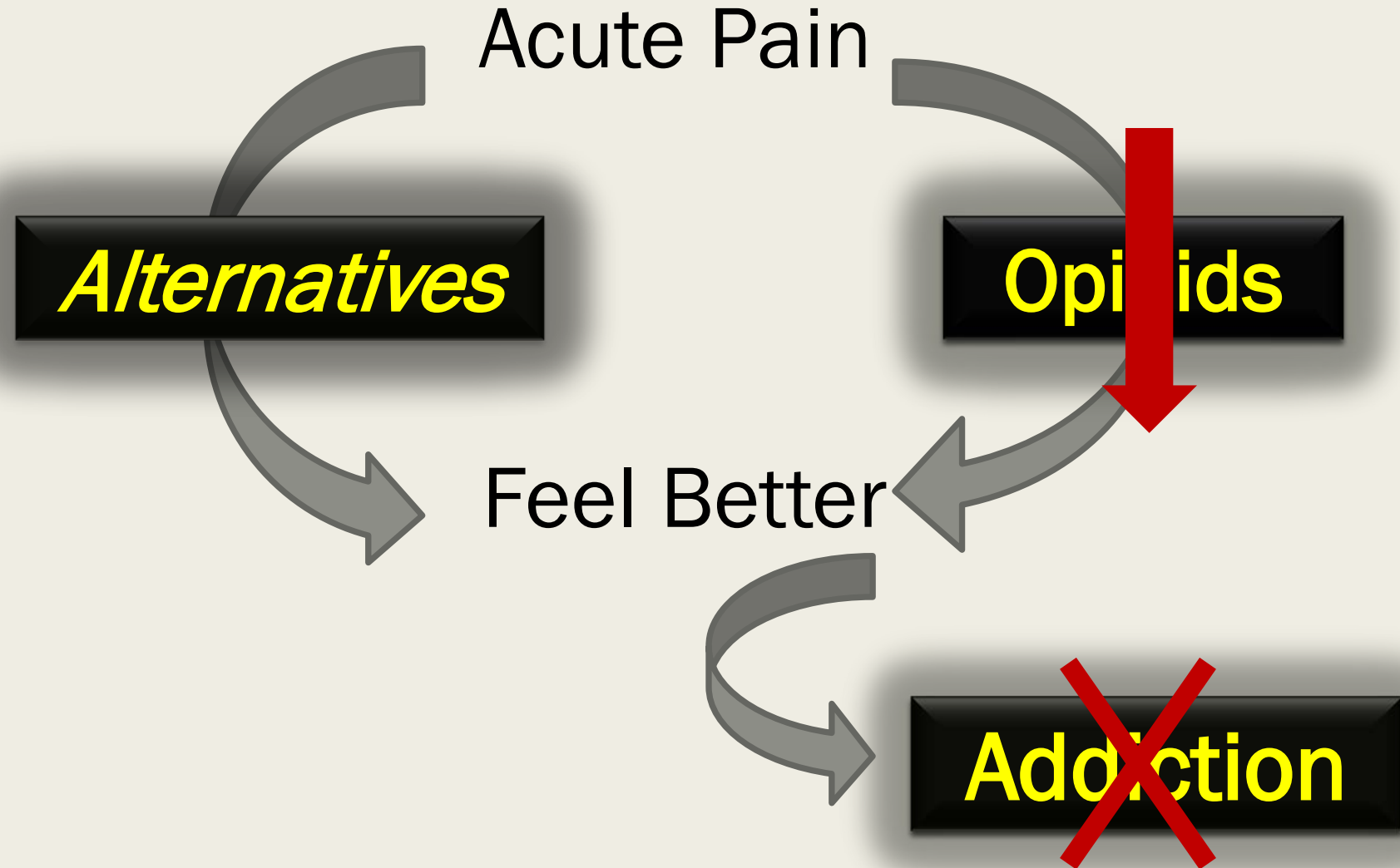
Pain: The 5th Vital Sign™

TM: Trademark of the American Pain Society





What can we do in the ER?





Opioids are necessary.....

.....but they are not the solution for all pain

- **THINK** before you prescribe
- **USE** alternatives whenever possible
- **CARE** about the patient





CASE 1



PHARMACY
Prescription Medication
Jan 22 2014
TAKE TWO TABLETS BY MOUTH
ONCE PER DAY OR AS NEEDED

Patient Name
Address

2/20/14



Friedman 2015, 2017
Lovell 2004
Derry 2013
McQuay 2007
Seymour 1996
Galer 2004
Wadsworth 2016
Baraf 2011
Barthel 2010
Cochrane 2015

Ibuprofen 400 mg q 6-8

+

Acetaminophen 1000 mg q 6-8

+

Lidocaine 5% patch
(cream or ointment)

or

Diclofenac 1% gel

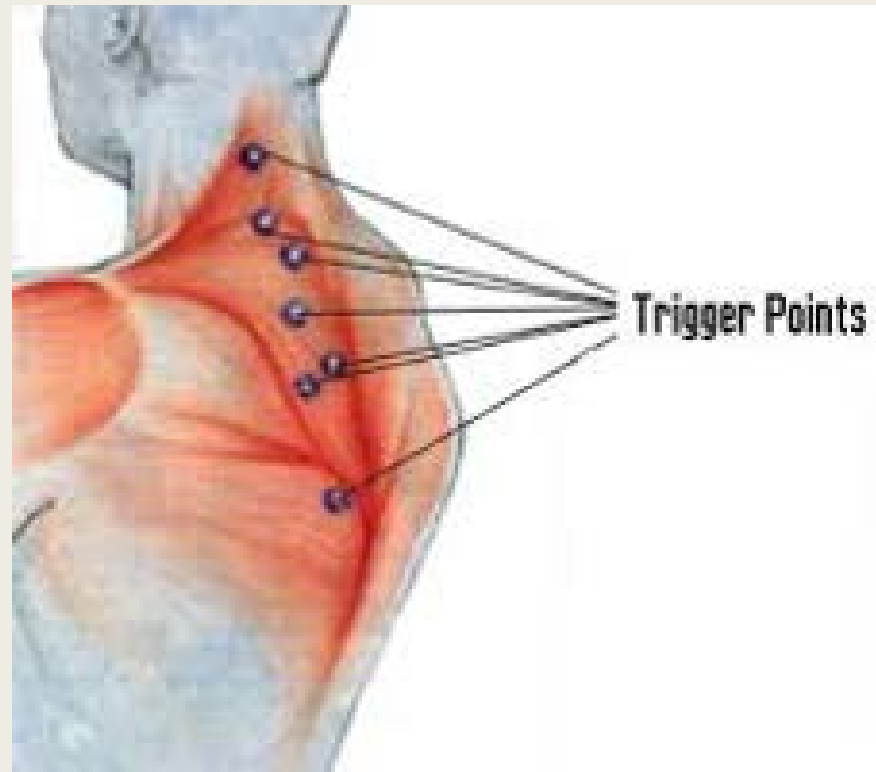
or

Diclofenac 1.3% patch

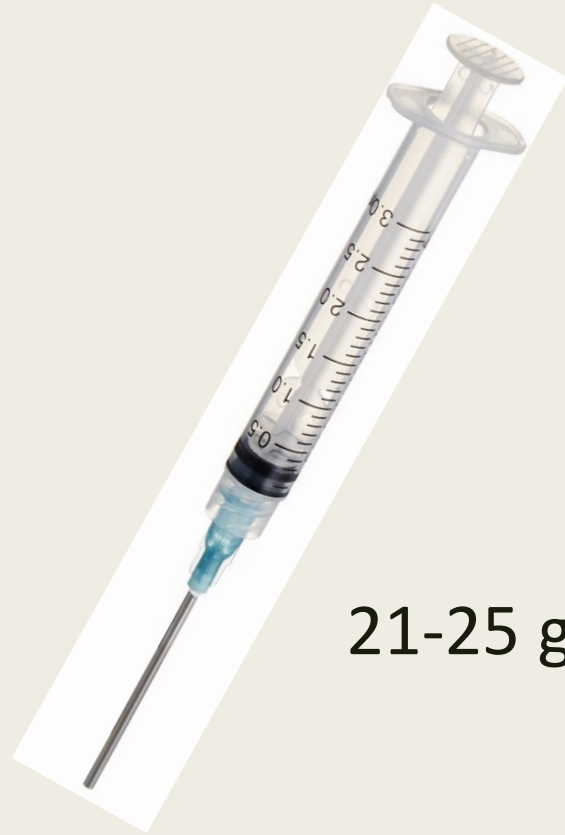


Trigger Point Injection

Definition



Trigger Point Injection Equipment

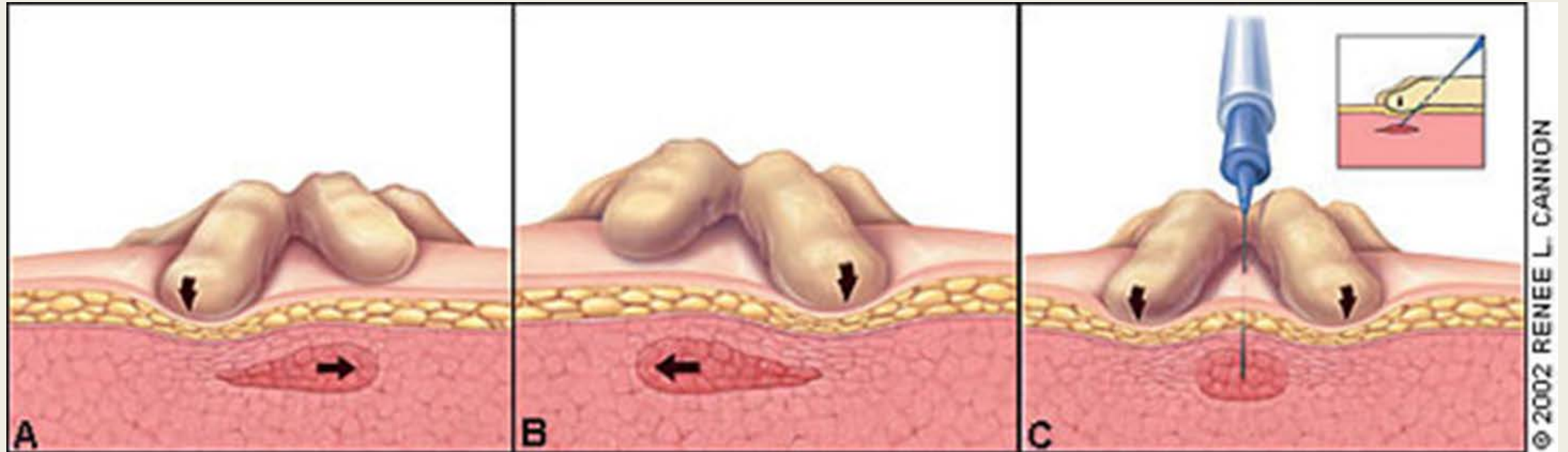


21-25 gauge



1-2 mL

Trigger Point Injection Technique



Take Home Point # 1

- Most acute low back pain does not require opioids
- NSAIDs + Tylenol + Topicals
 - *Muscle relaxant may be necessary*
- **Trigger Point Injections**
 - *It's a billable procedure*



Word of the Day

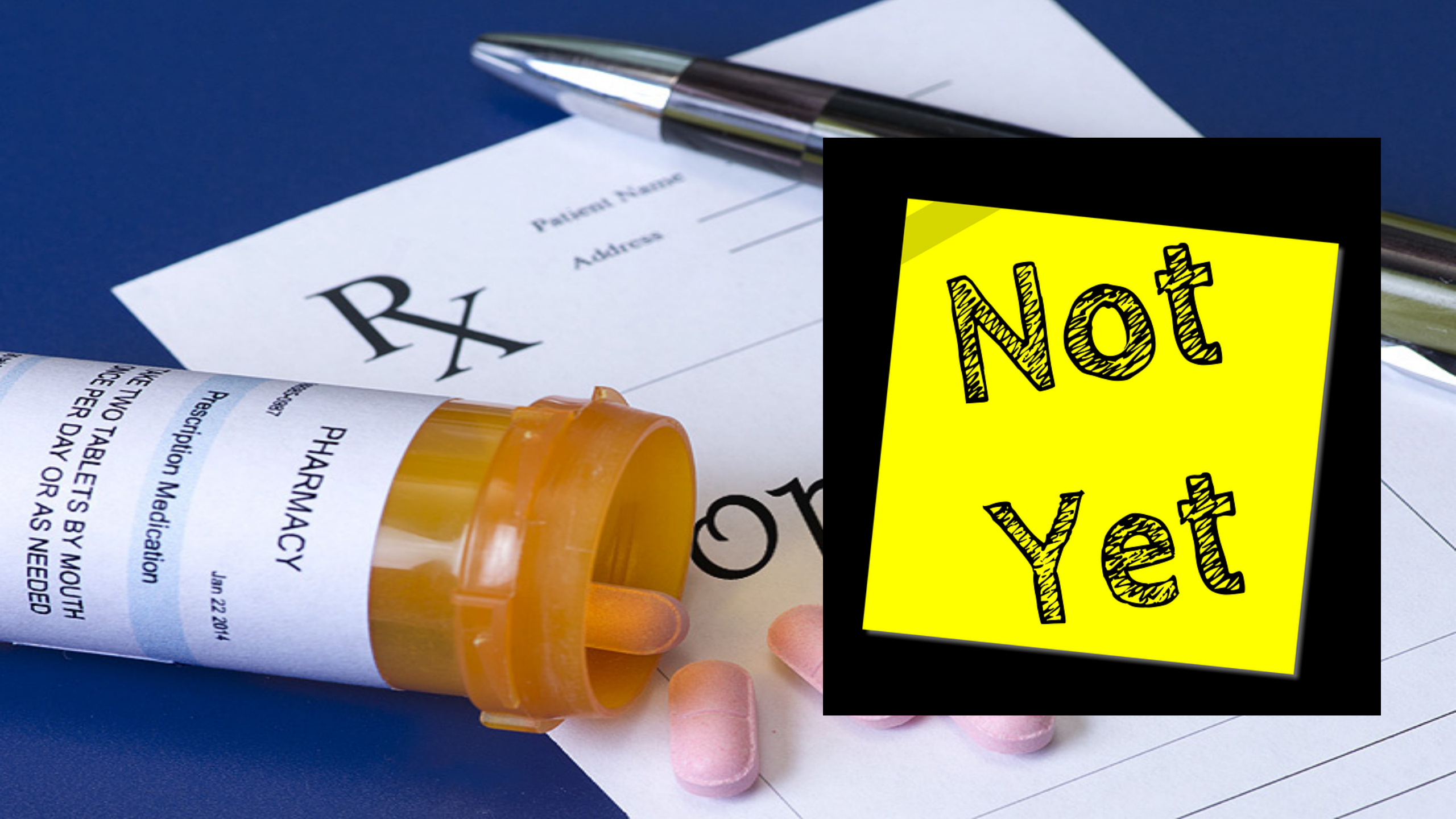
Chary



– PE- restricted ROM to the left with *global tenderness* in the paraspinal muscles on the left, + *spasm diffusely*

– What's the best treatment for him?





Patient Name
Address

Rx

PHARMACY
Prescription Medication
Jan 22 2014
TAKE TWO TABLETS BY MOUTH
ONCE PER DAY OR AS NEEDED

Not
yet

Osteopathic Manipulative Therapy





barriers

~~Time constraints~~

~~Physician or Patient unfamiliarity~~

~~Unproven benefit~~

~~Physician disinterest~~

This is applicable to you

- 130 million ED visits per year in the US
- 11% have OMT appropriate diagnoses
 - *Musculoskeletal complaints*
 - *Strains and Sprains*
- \$40-\$80 reimbursement for OMT treatments



Evidence

Ankle sprain

OMT + analgesics vs analgesics alone

Acute neck pain

OMT vs IM ketorolac

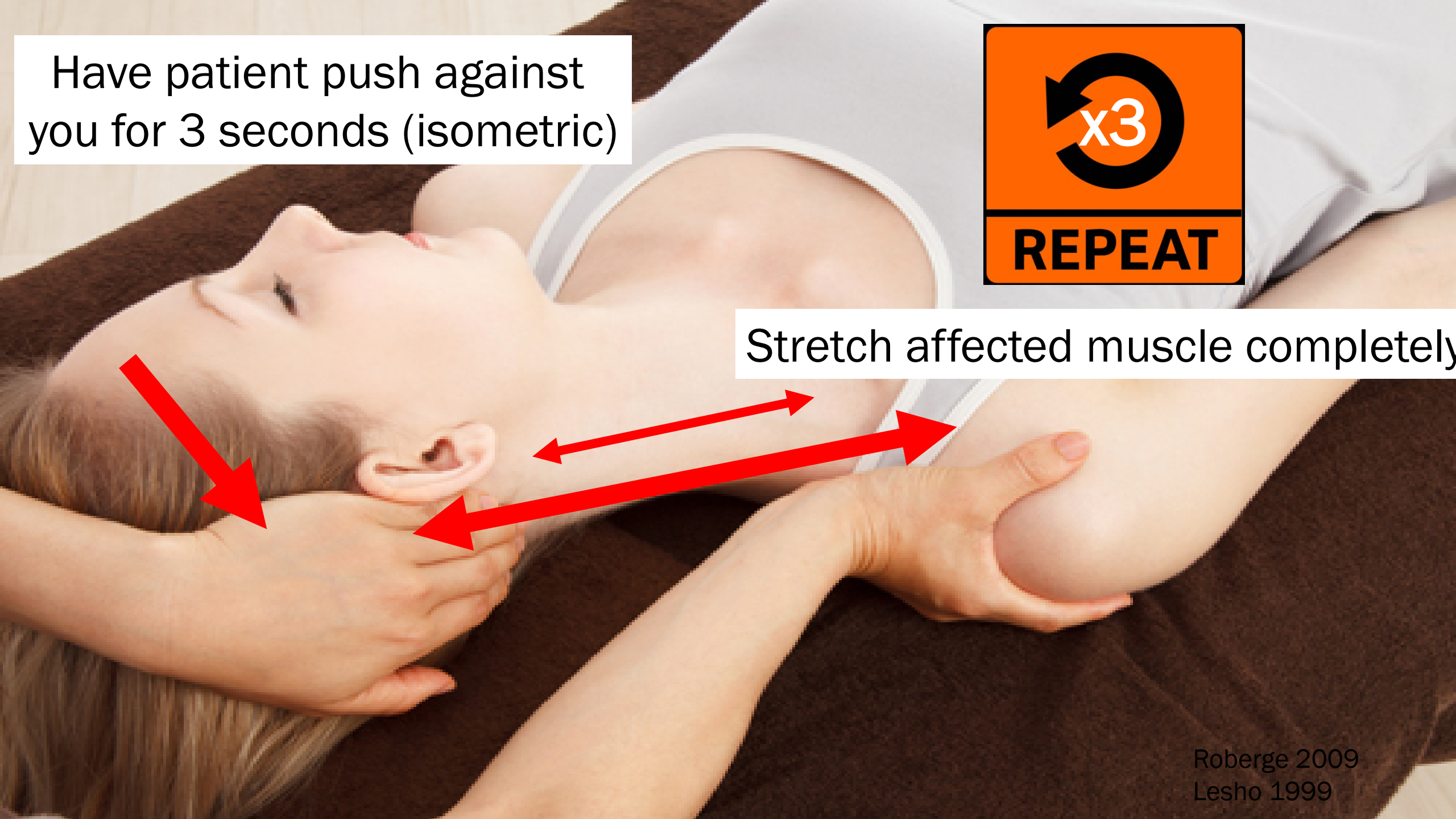


MUSCLE ENERGY

Have patient push against you for 3 seconds (isometric)



Stretch affected muscle completely





Contraindications

- Severe muscle strains
- Severe debilitating osteoporosis
- Patient requires intensive care monitoring
- Fracture, dislocation, or severe joint instability at treatment site
- Malignancy at the site of treatment
- Osteomyelitis
- Uncooperative patient

Patient Satisfaction





Your
colleagues

YOU!

These techniques are NOT HARD

They take relatively little time

Patients LIKE them

YOU'LL NEVER KNOW UNTIL YOU

TRY

Combine medications whenever possible- SYNERGY!

*Use your hands try
OMT!*

Summary

DRUGS have
their limits

TPI can be used for focal areas
of severe spasm

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