

Alternative Treatments

Nonopioid & Nonpharm Treatment of Chronic Pain—Evidence-based Recommendations

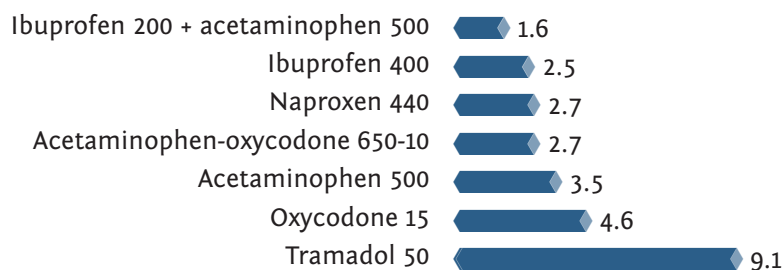
Many Nonopioid And Nonpharmacologic Treatments For Acute And Chronic Pain Have Good Evidence

Patients weaned off opioids generally report decreased pain and improved function. Reducing surgical overprescribing improves the safety of the family & community too.

Surgery	Took 0-4 pills	Took half or less
C-section ¹	53%	83%
Thoracic ¹	45%	71%
Partial mastectomy ²	75% took none	
Lap chole ²	34% took none	
Lap inguinal hernia ²	45% took none	
Wisdom tooth extraction ³		50%

- 1: *PLoS One* 2016 29;11(1); e0147972. Epub 2016 Jan
- 2: *Ann Surg*, Hill et al, Sept 14, 2016
- 3: *Drug Alcohol Depend.* 2016 Nov 1; Epub 2016 Sep 20

Number Needed to Treat for “Good” Pain Relief Single dose analgesics for patients with moderate to severe acute pain



55% of people misusing opioids report obtaining them for free from friends or relatives.

Source: CDC

*No medicine produced high levels of pain relief in all participants. Moore, *Cochrane Library*, 2015.

Alternative Treatments with Good Evidence for Treating Chronic Pain

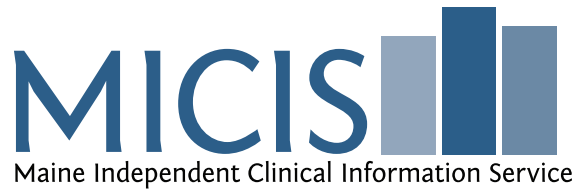
Nonopioid Medications	Nonpharmacologic
Acetaminophen	Cognitive-behavioral therapy
NSAIDs & COX2 inhibitors	Exercise therapy
Anticonvulsants (gabapentin, pregabalin)	Yoga
Tricyclic antidepressants	Meditation
SSRI & SNRI antidepressants	Mindfulness
Epidural injection	Acupuncture
	Brain/spinal cord/nerve stimulation
	Biofeedback

It is no longer possible to simply continue previous practices with respect to the management of chronic pain.

2016 CDC Recommendations

Prescribe short durations for acute pain

Improving Opioid Prescribing and Patient Safety: Educational Outreach



Disclaimer

These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition. This document presents only general information regarding prescribing laws in the state of Maine. Prescribers in Maine are instructed to independently study Chapter 488 and comply with current state law and rules.

Learning Objectives

- ▶ Assess alternative treatments for acute & chronic pain
- ▶ Discuss strategies to reduce surgical overprescribing

Additional Resources

- ▶ 2016 CDC Opioid Prescribing Guidelines: www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
- ▶ Agency Medical Directors' Group, Washington State, 2015 Opioid Prescribing Guideline summary and MME calculator: www.agencymeddirectors.wa.gov
- ▶ Caring for ME: a joint project of Maine Quality Counts and the Maine Medical Association: qclearninglab.org/welcome-caring-for-me/
- ▶ Quality Counts Controlled Medication Playbook: mainequalitycounts.org/what-we-do/population-health/chronic-pain-and-controlled-medication-playbook/
- ▶ Opioid and Chronic Pain Toolkit available at MICISMaine.org

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Education Statement

This monograph was created in support of accompanying live educational activities. This monograph is not approved for medical education credit.

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