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Maine Medical Association

Department of Health and Human Services

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How to impact the epidemic within the pandemic

PRESCRIBING TO REDUCE OPIOID OVERDOSE RISK

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presenters

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*OPIOID PRESCRIBING *MAT PRESCRIBING *DE-PRESCRIBING

1:1 SESSIONS AVAILABLE
LIVE OR VIRTUAL

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Disclosures

- MICIS does not accept any money from pharmaceutical companies/commercial interests
- Speakers and planners have no significant or relevant financial relationships to disclose
- Handouts for this presentation may include evidence-based but “off label uses” of medications

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Objectives

- Understand risk reduction in the context of opioid prescribing
- Obtain familiarity with the benefits of buprenorphine for opioid use disorder
- Describe recommendations for naloxone prescribing to increase patient safety

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THE PROBLEM

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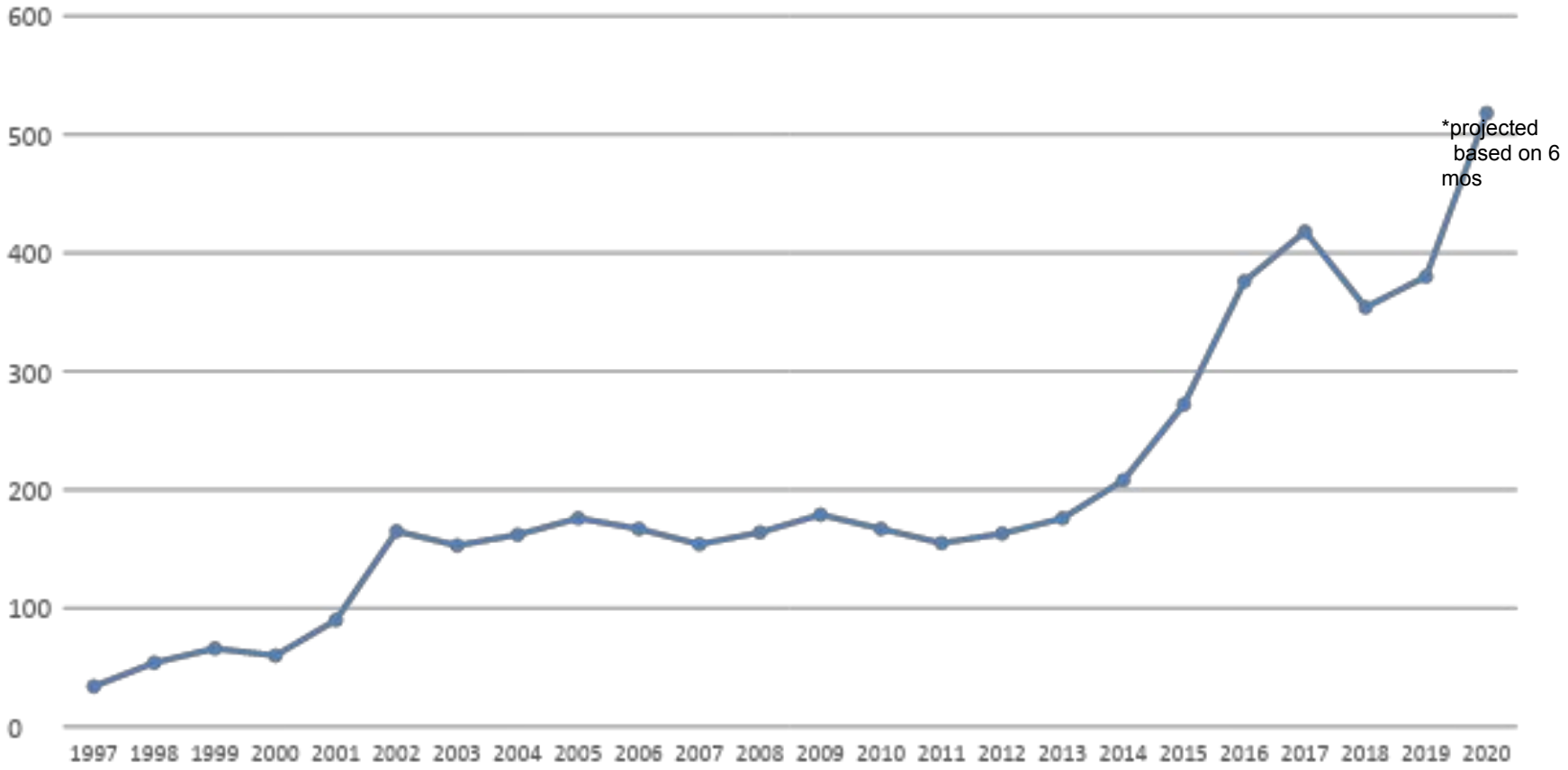
Maine Overdose Deaths



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2019 OD in Maine

- 84% involved some form of opioid
- 30% involved prescription opioids
  - Of those >1/5 decedents had current rx
- 9% were ruled suicide, 90% accidental

ME Attorney General

2019 OD in Maine

- OD is nearly always a combination of drugs; average is 3
- 22% of deaths involved a benzodiazepine
- Deaths involving cocaine & meth continued to increase
- 2020: Average age 43 (range 16-96)

ME Attorney General

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OVERDOSE HEAT MAPS-MAINE 2003-2018

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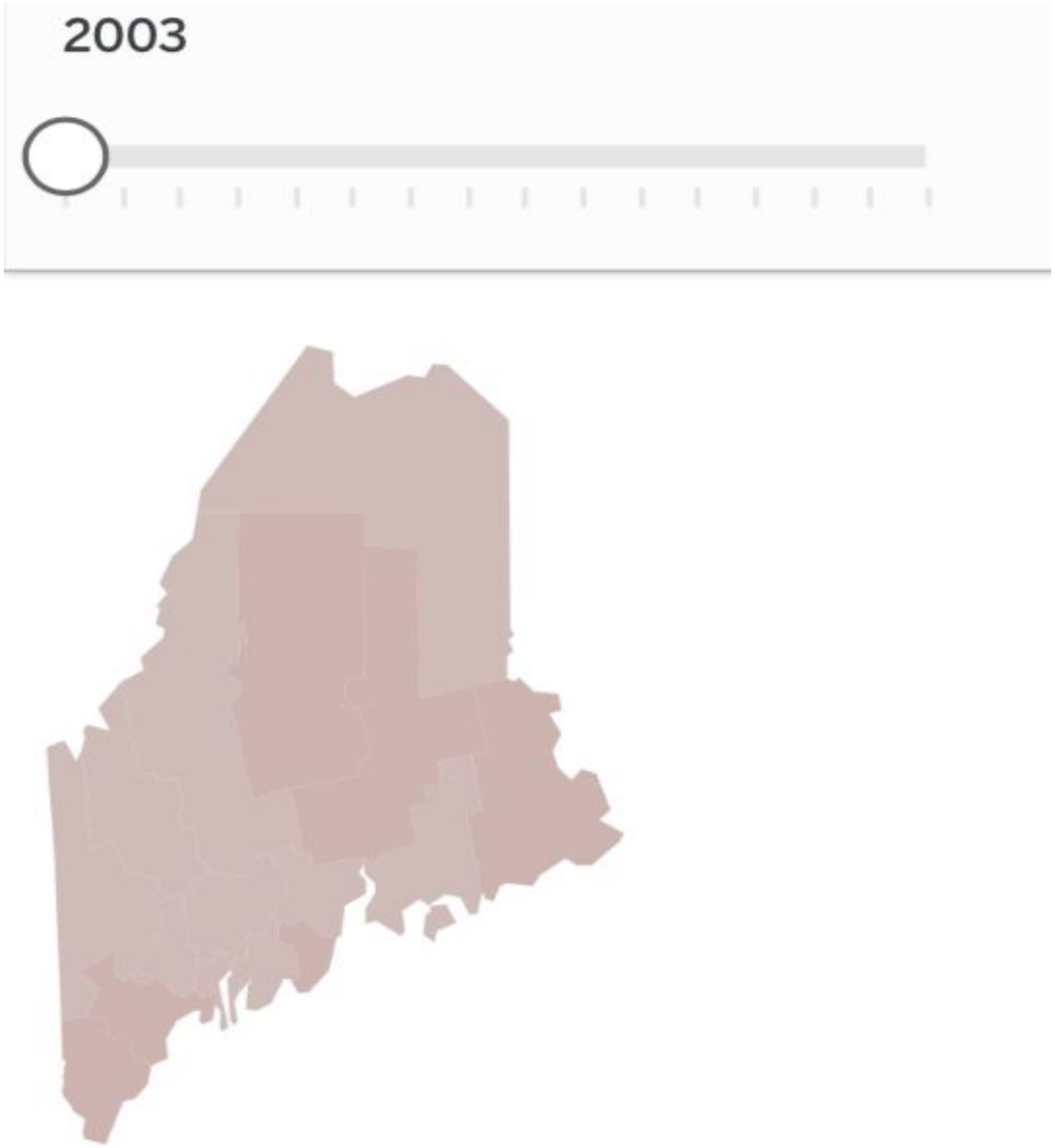

SOURCE: *National Center for Health Statistics, National Vital Statistics System, Available from: https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/.*

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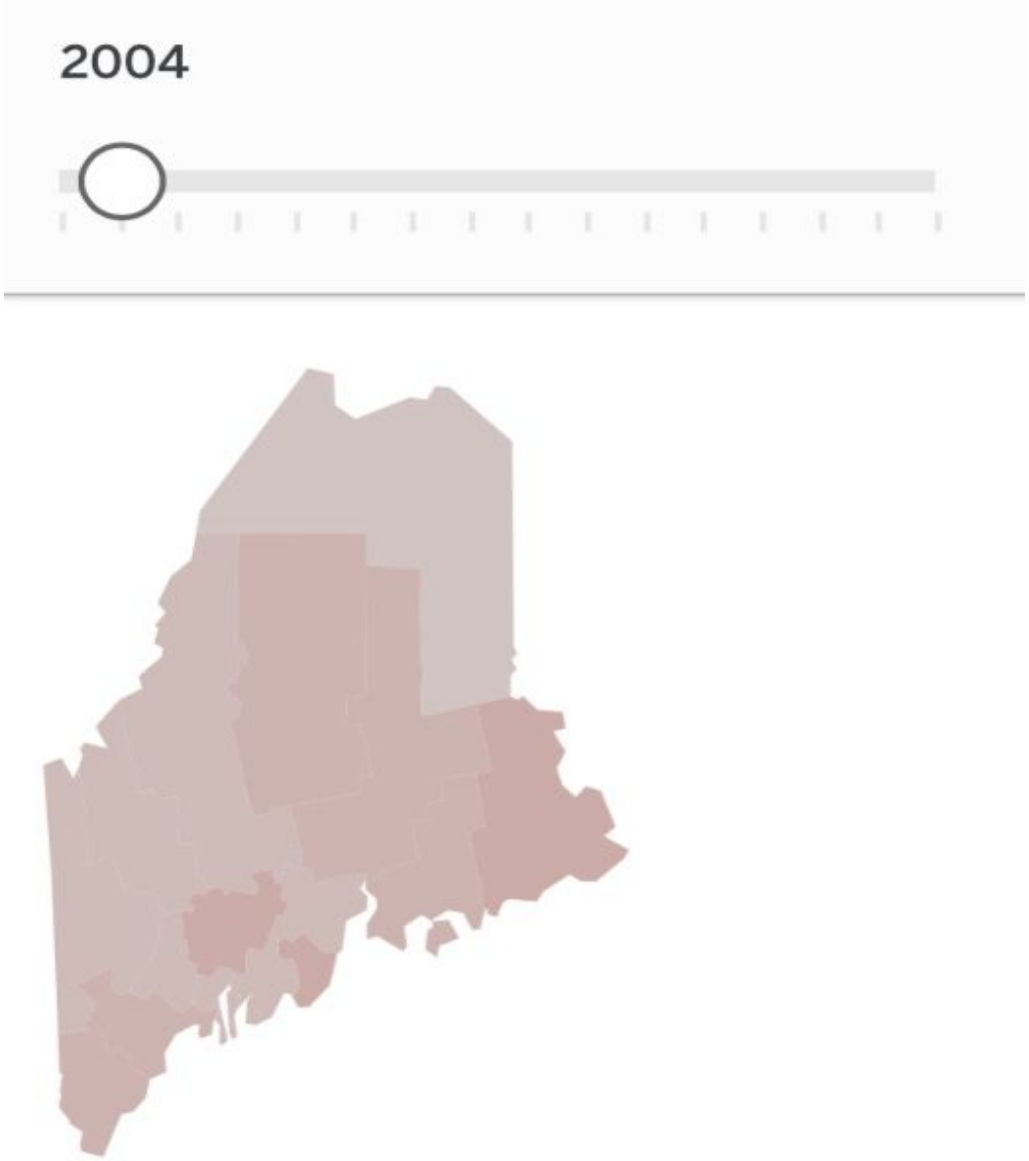

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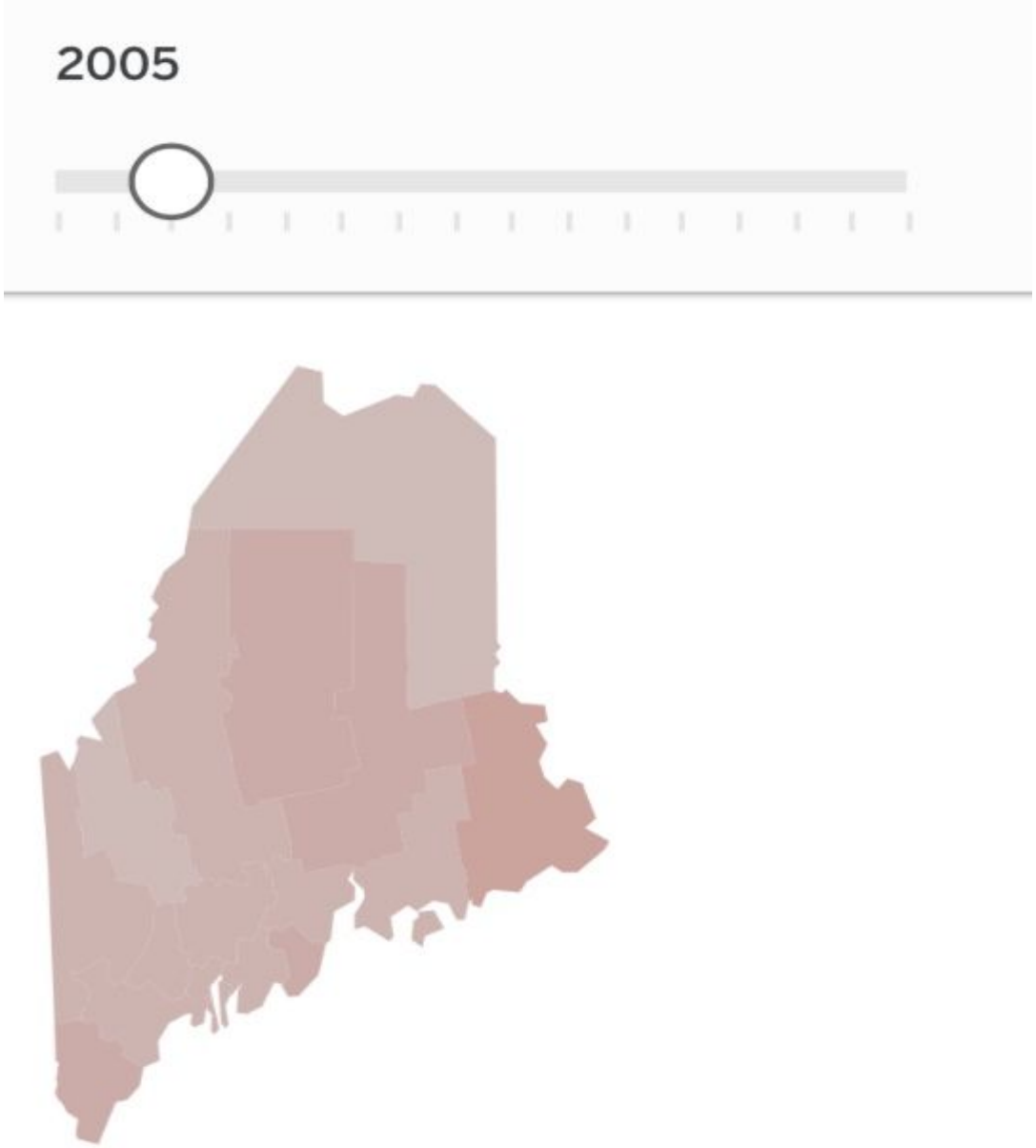

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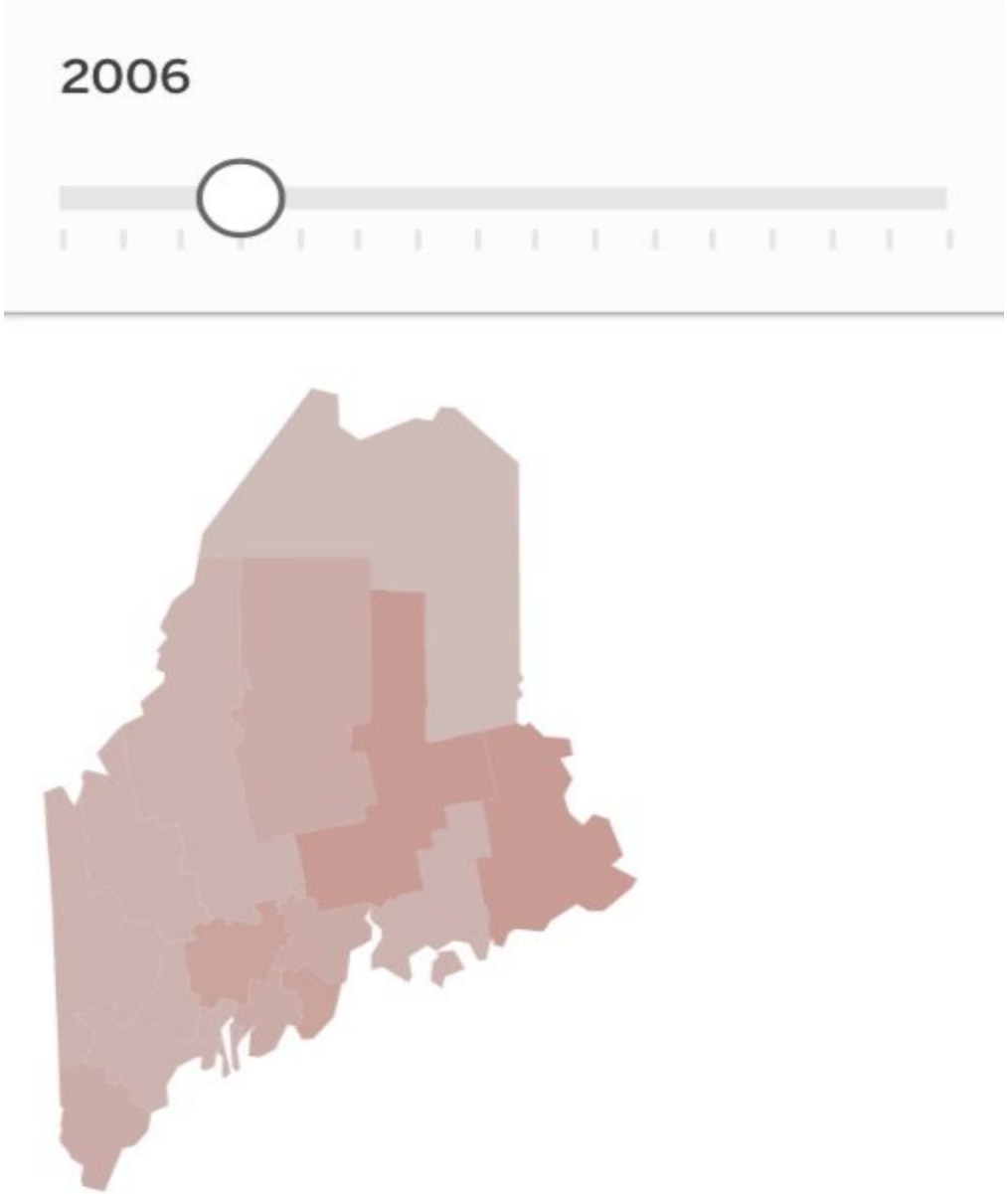

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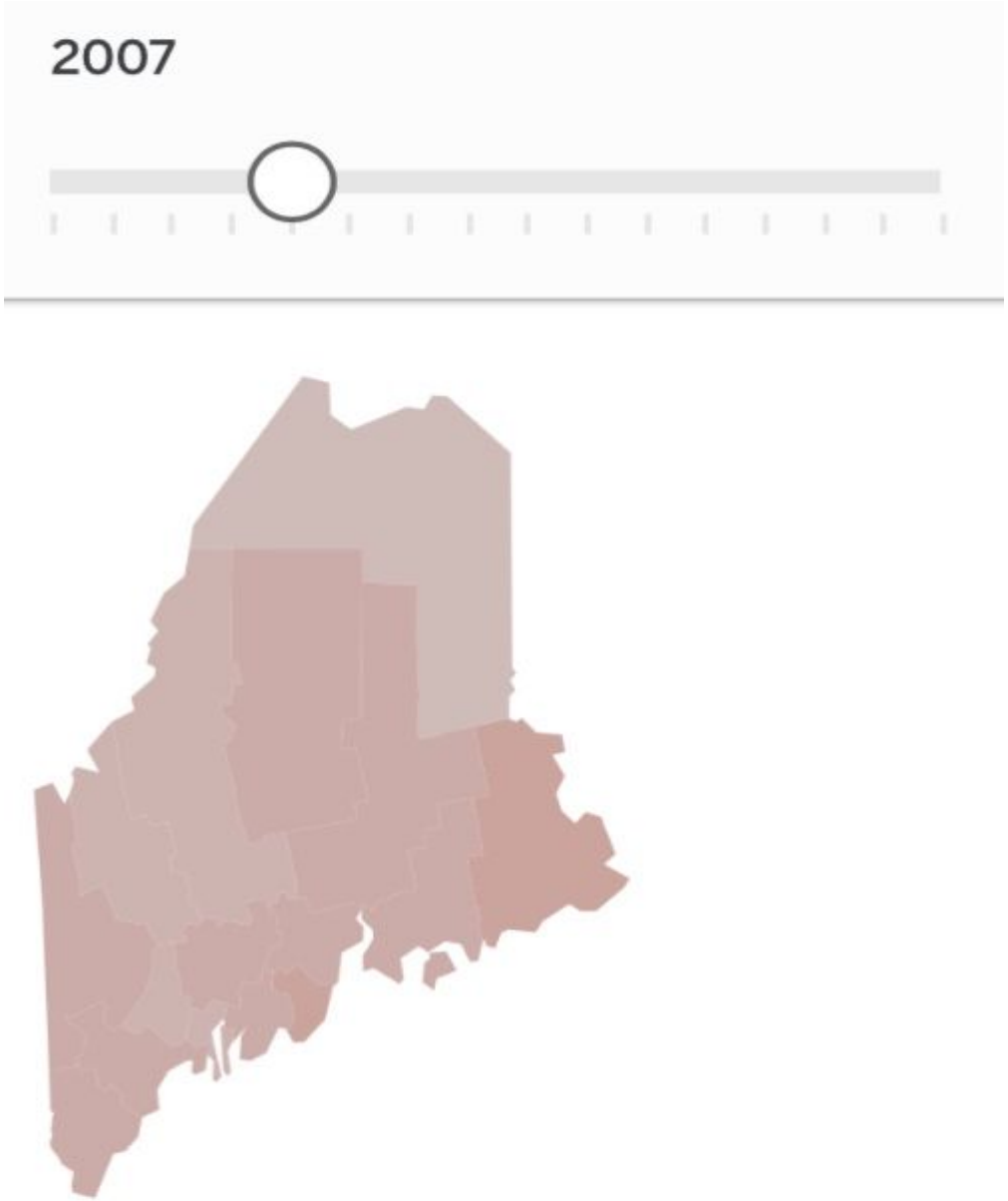

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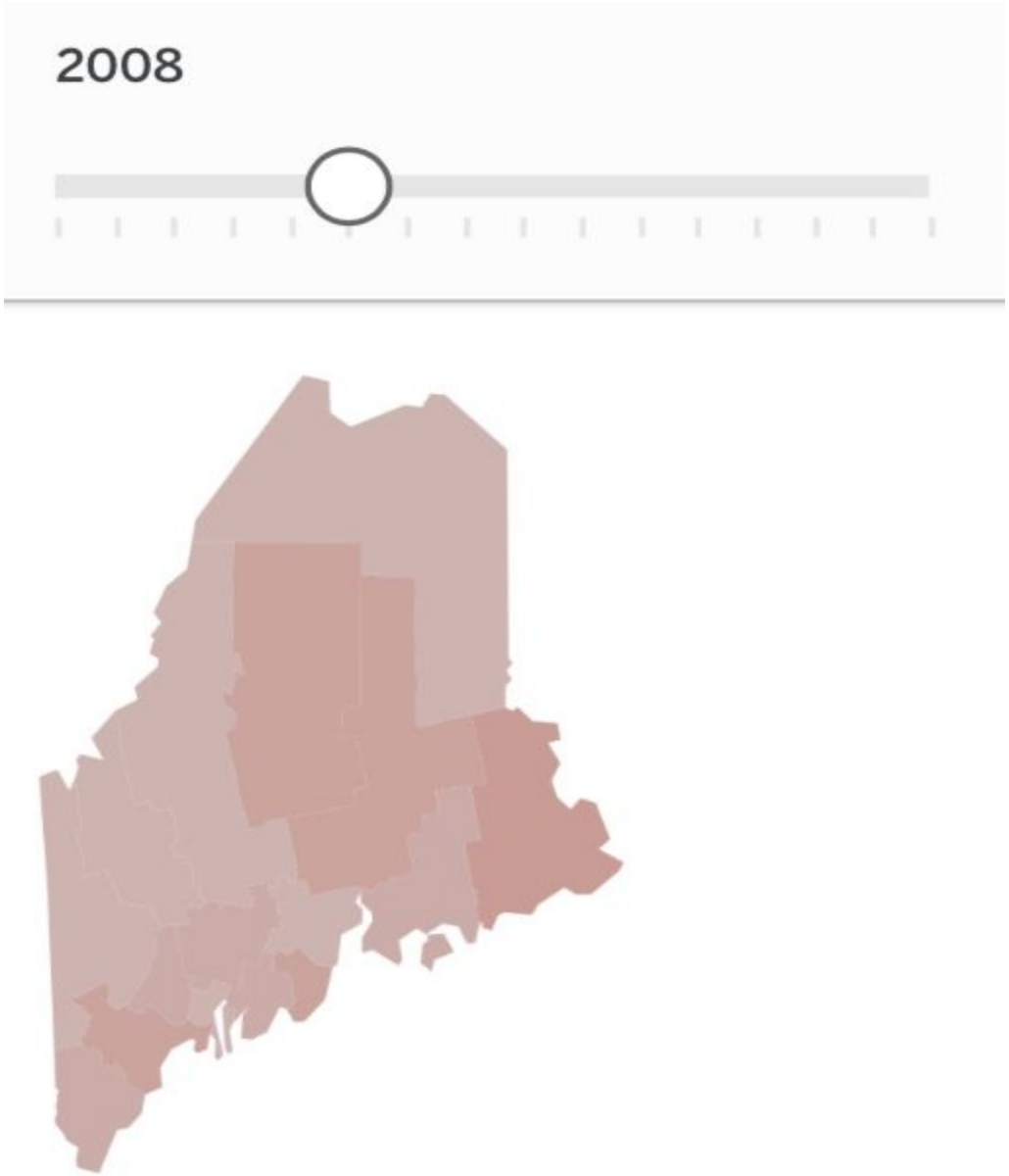

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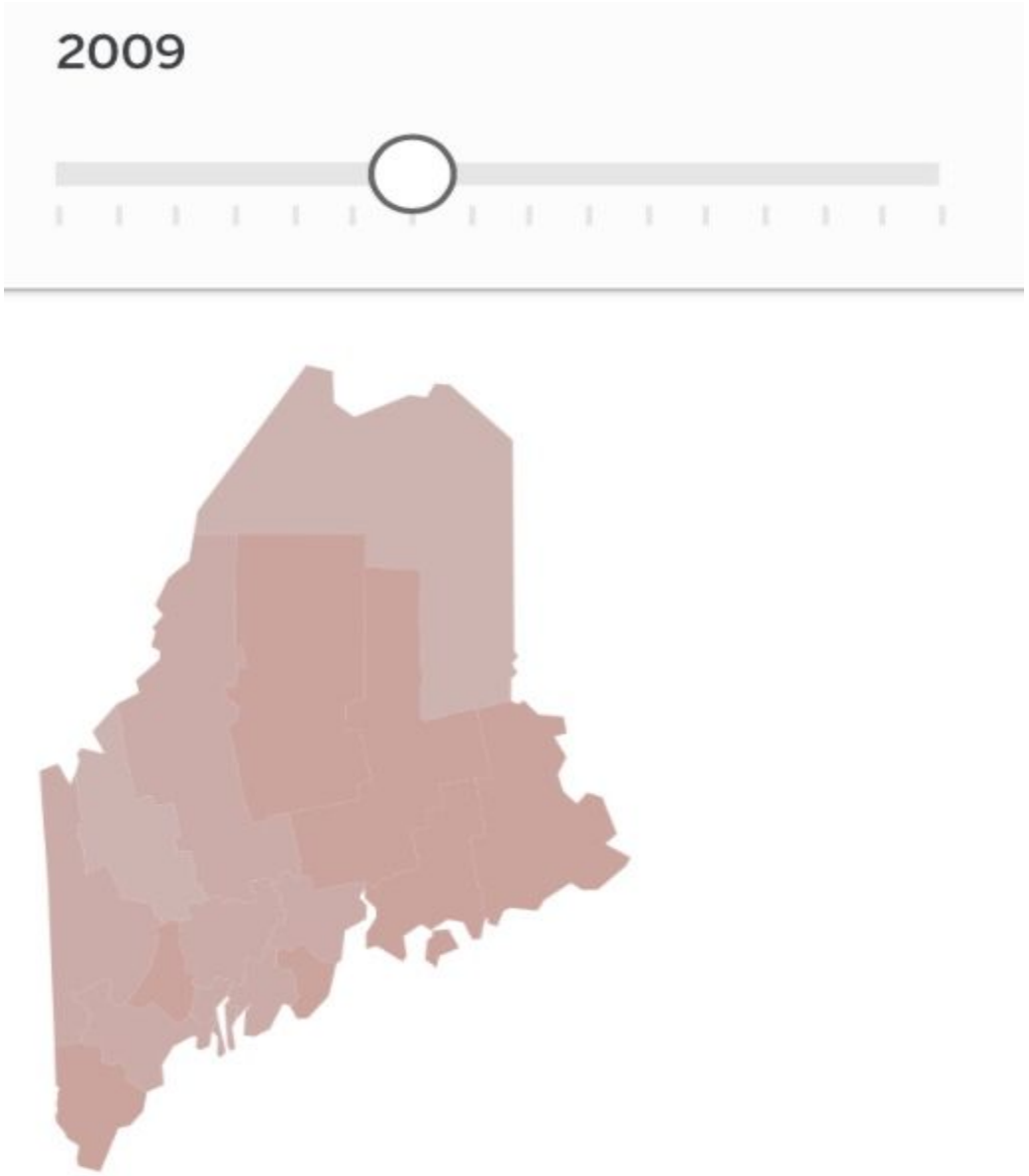

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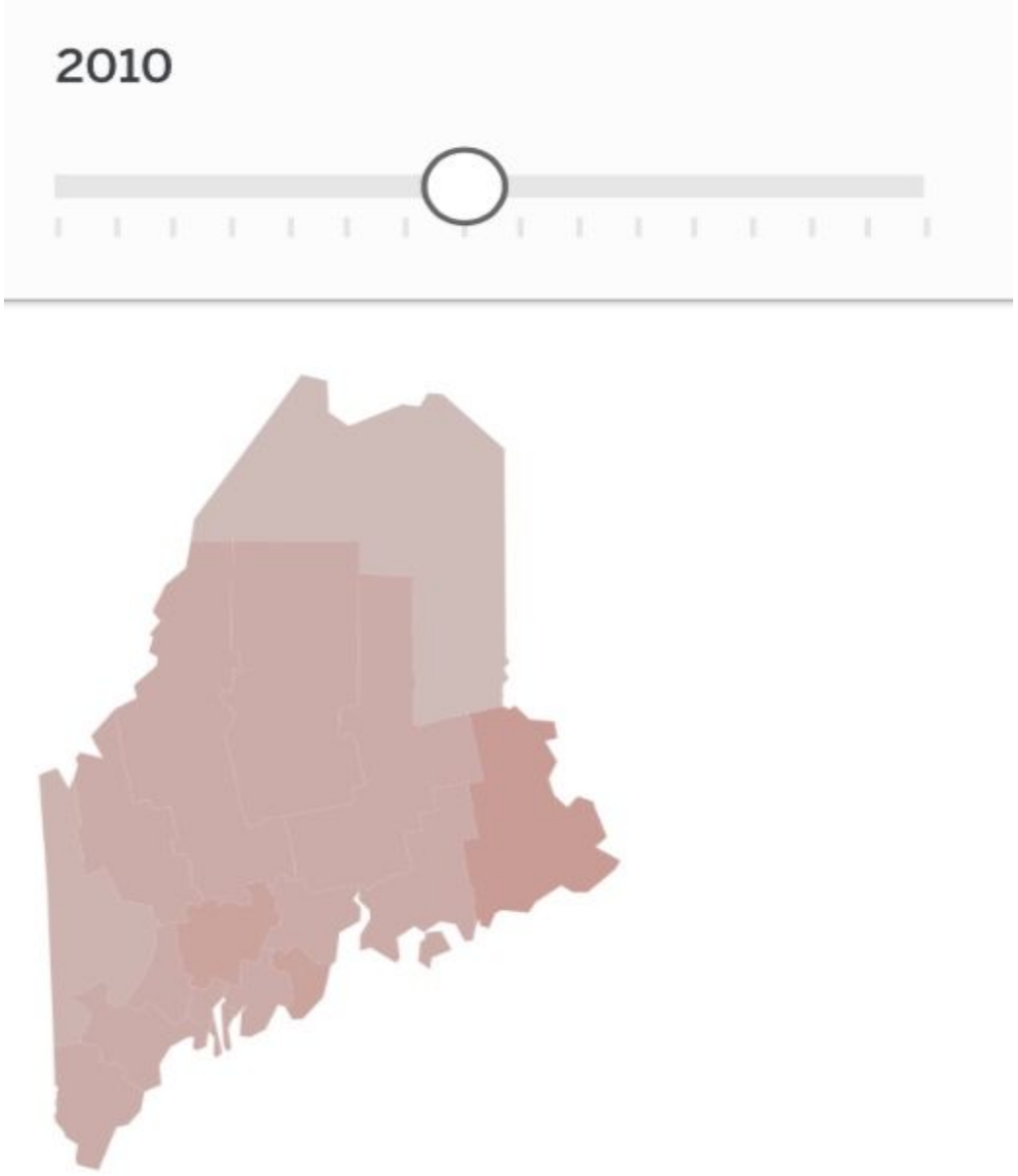

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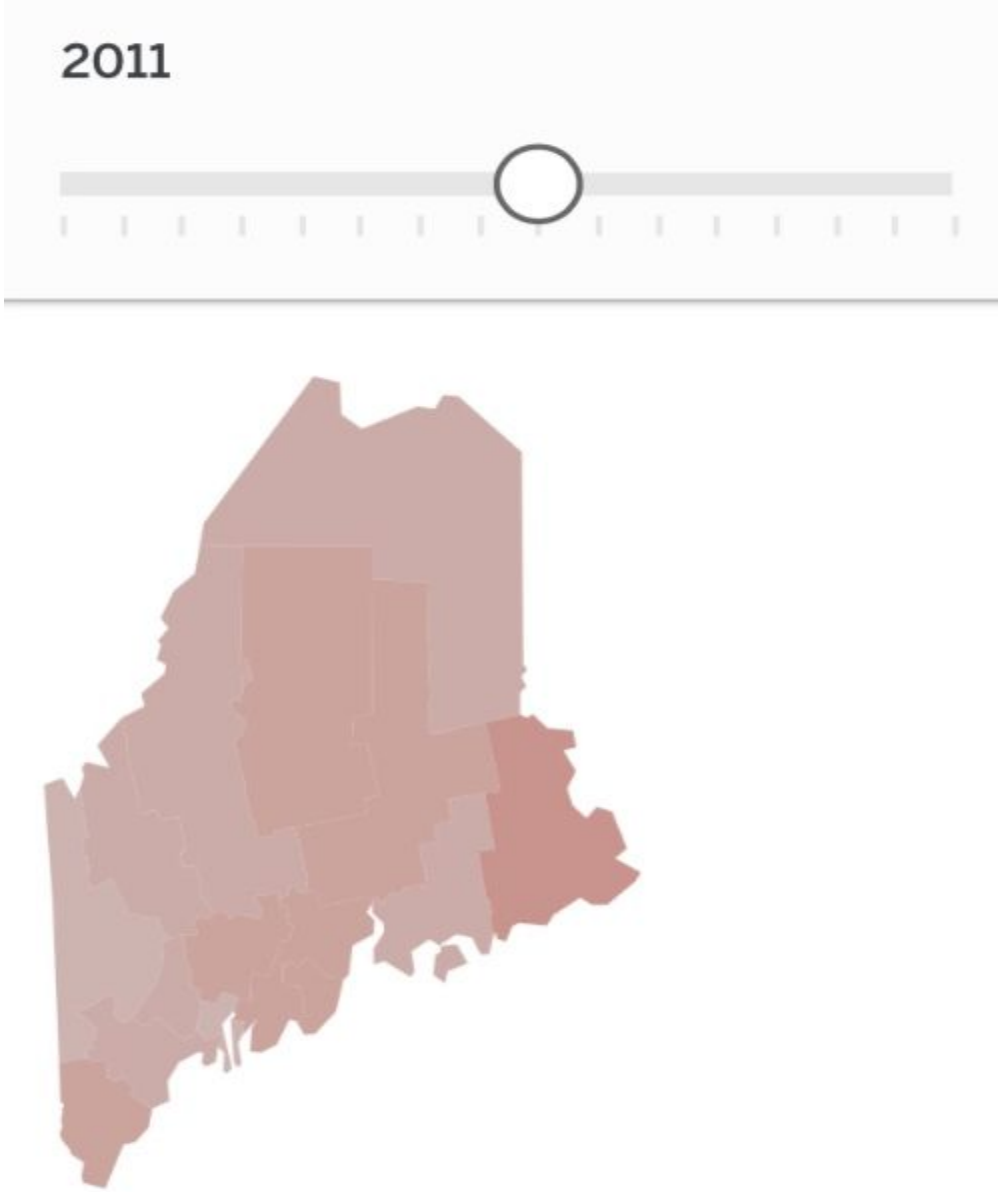

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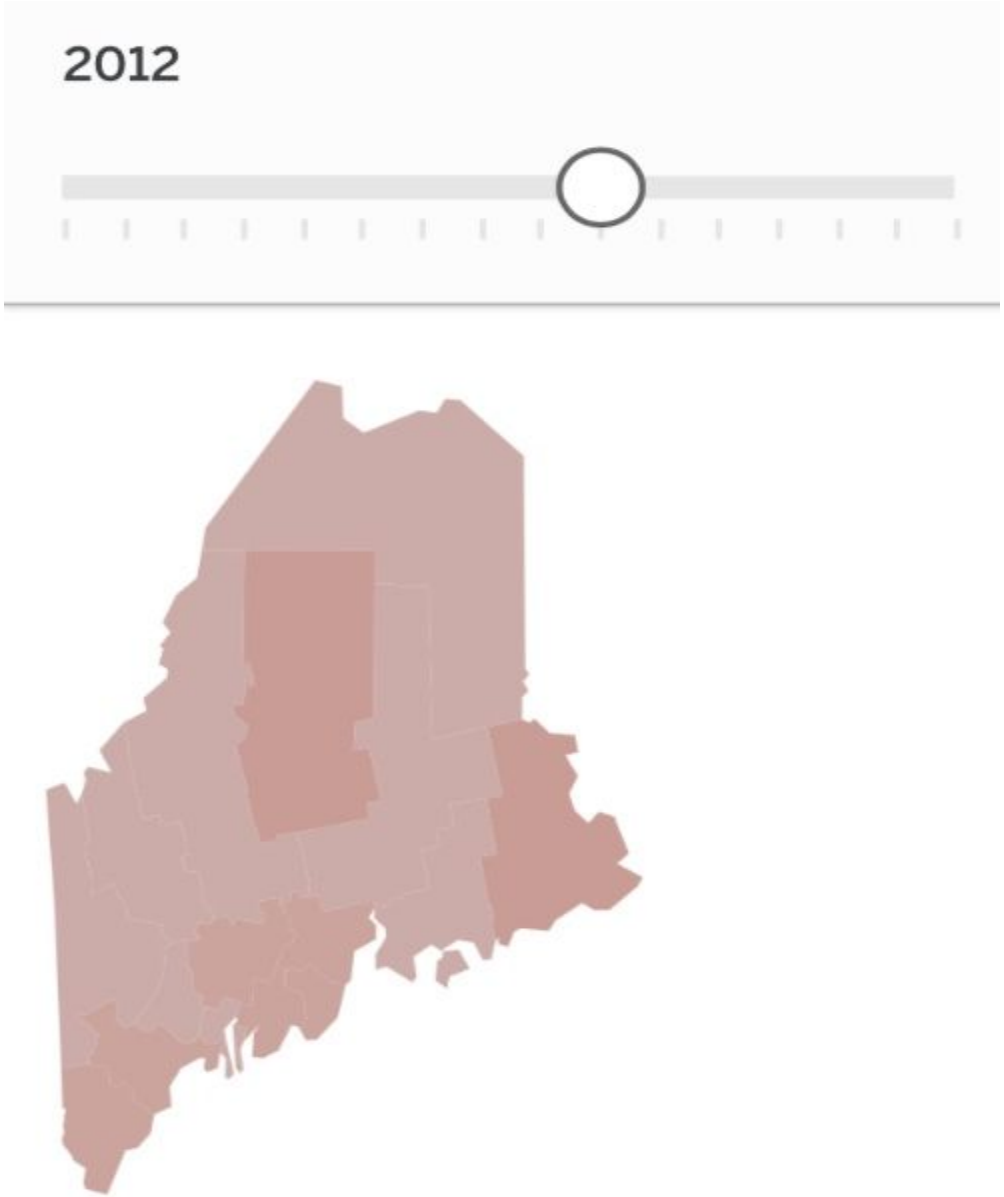

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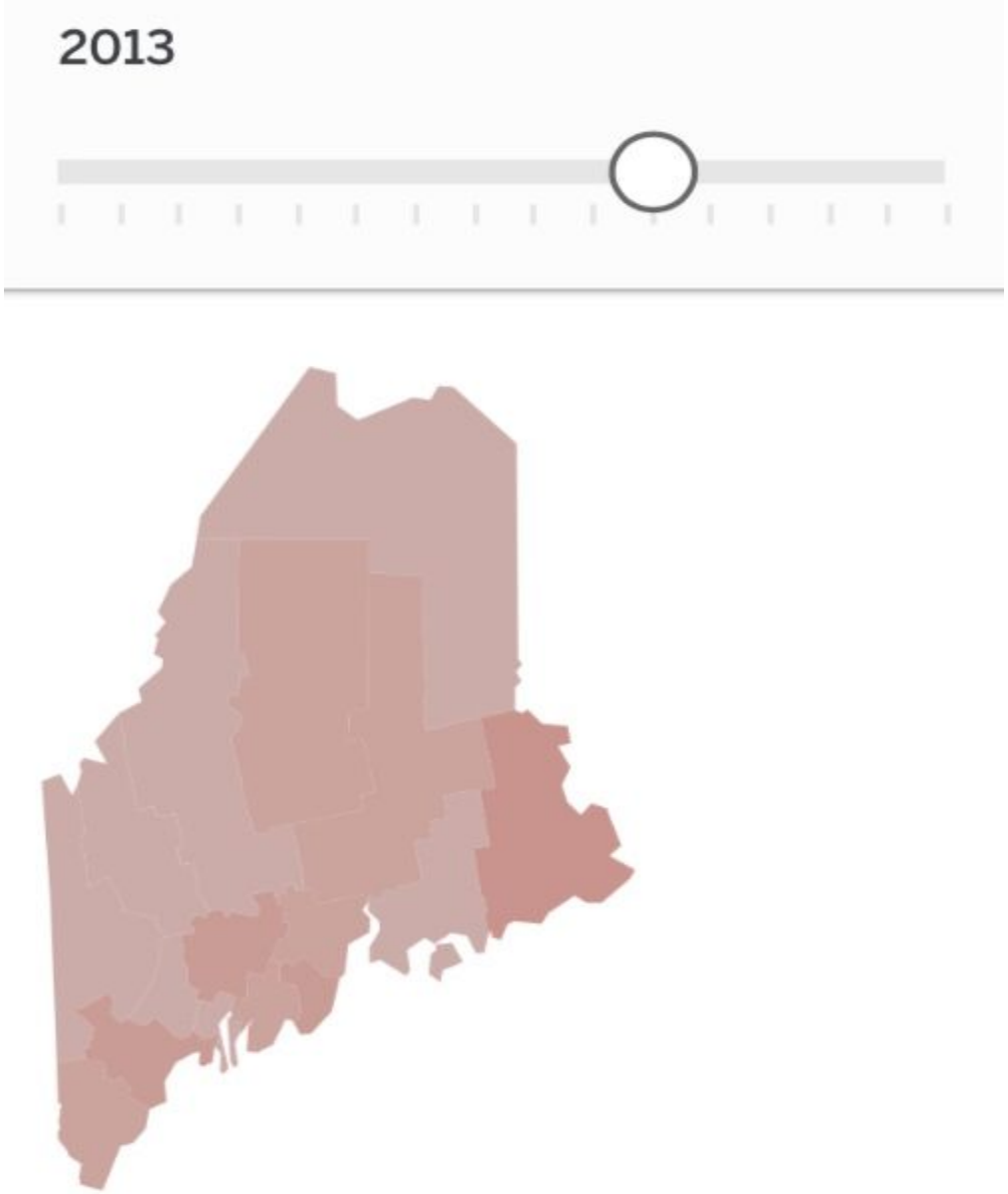

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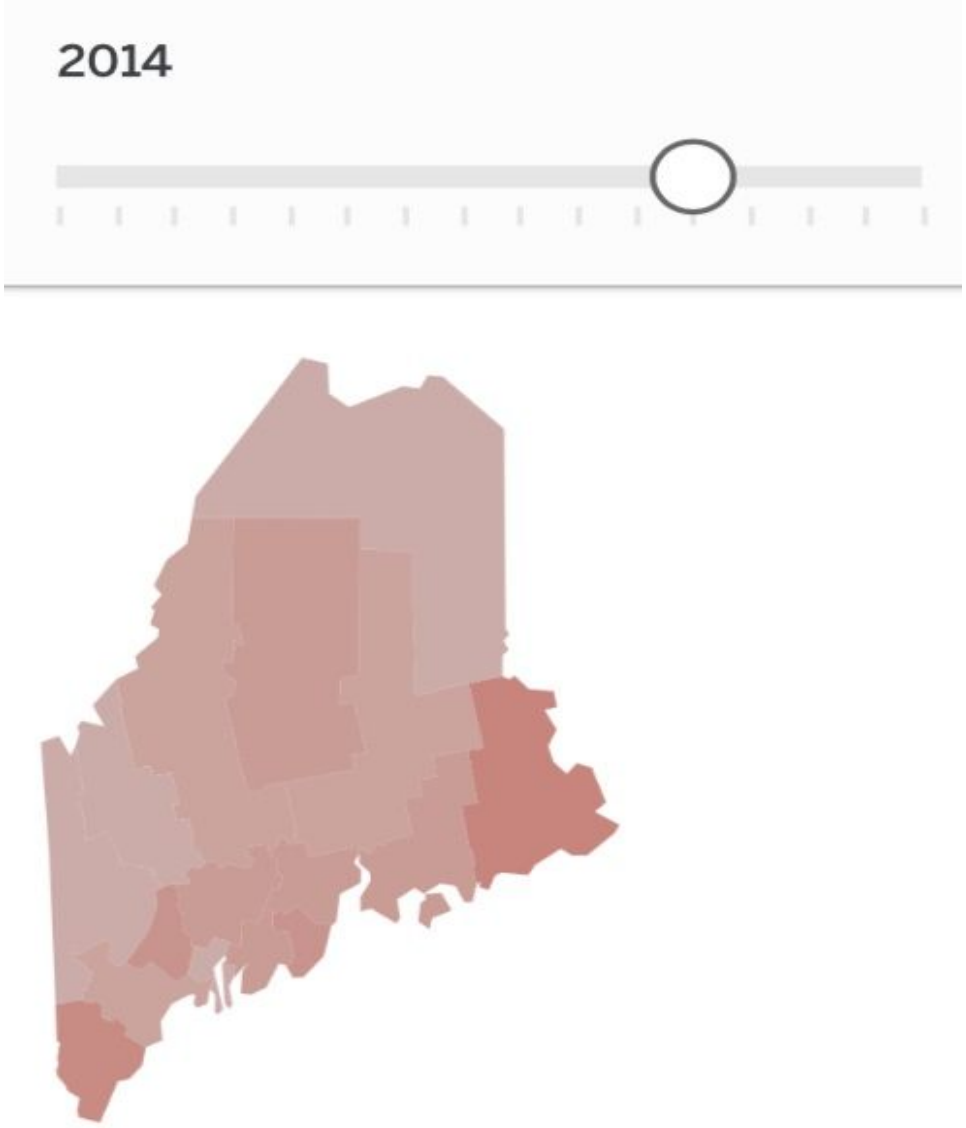

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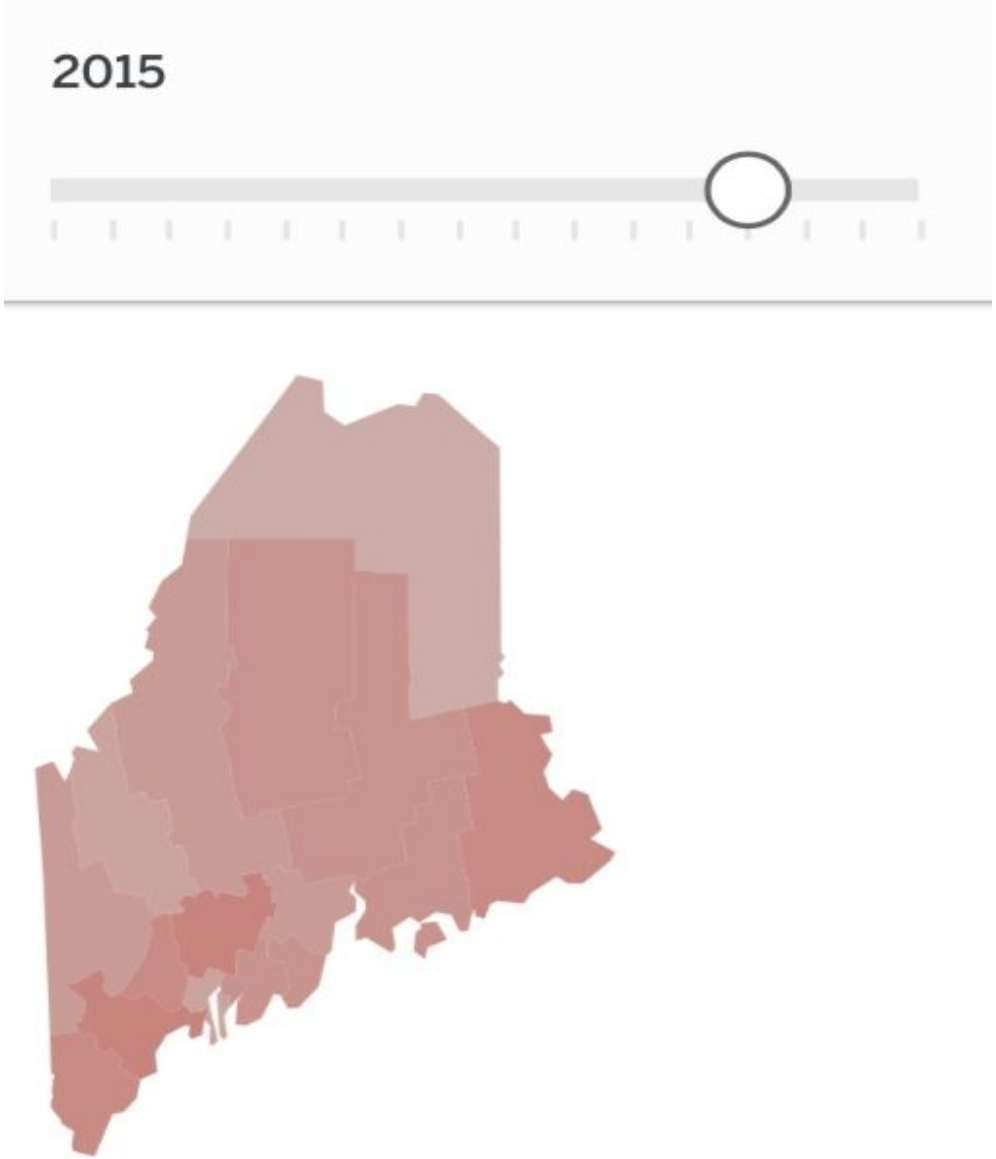

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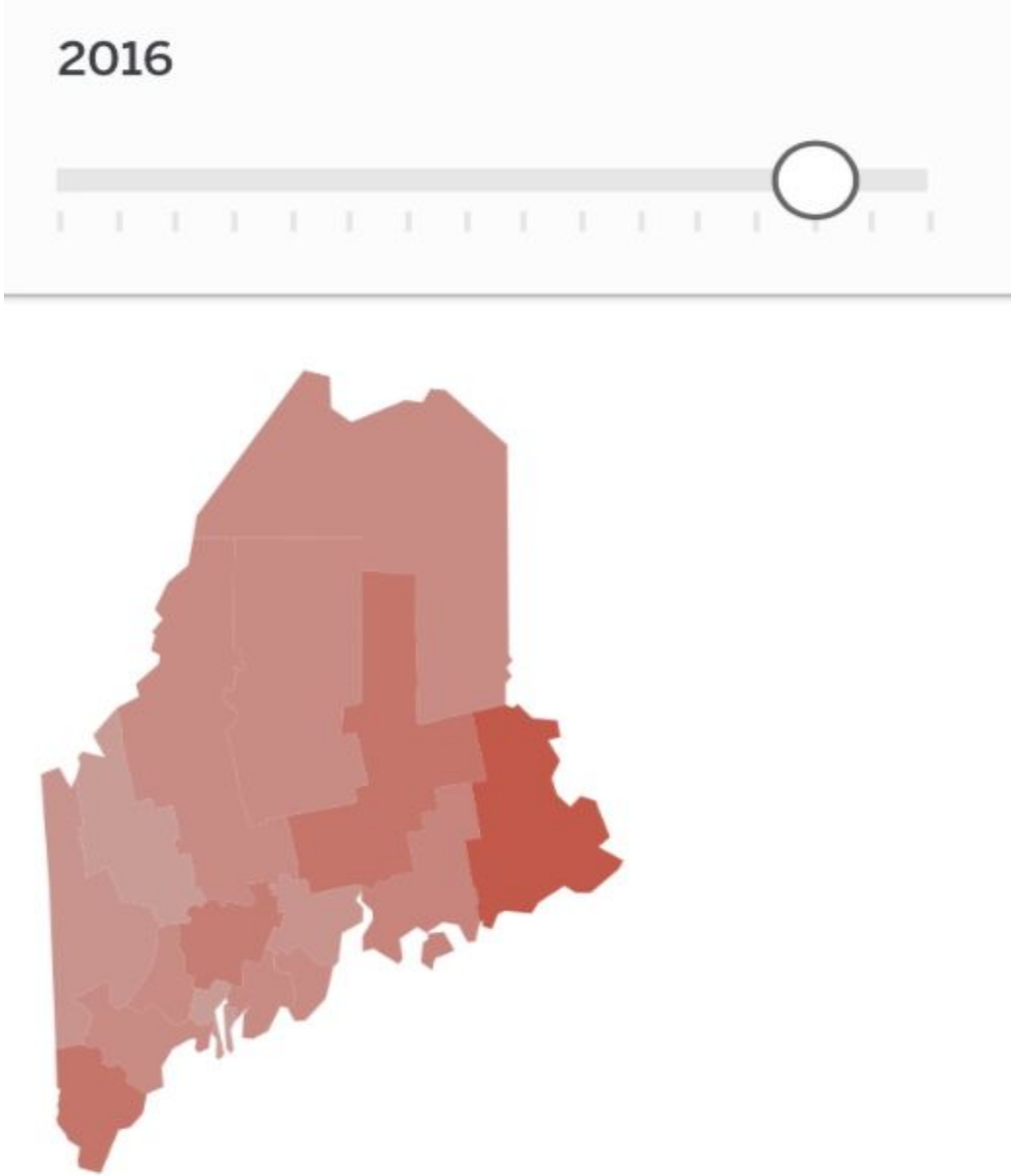

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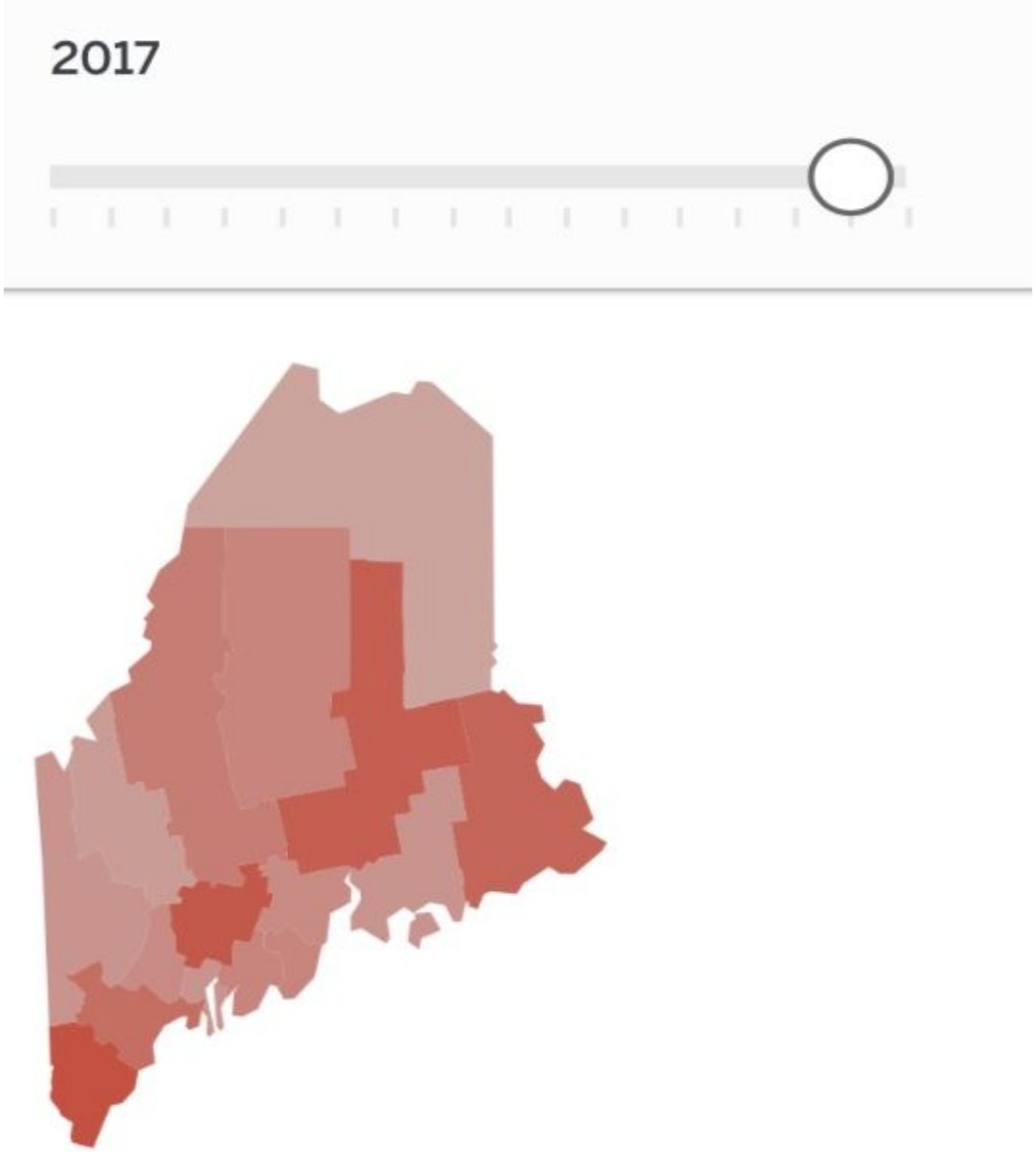

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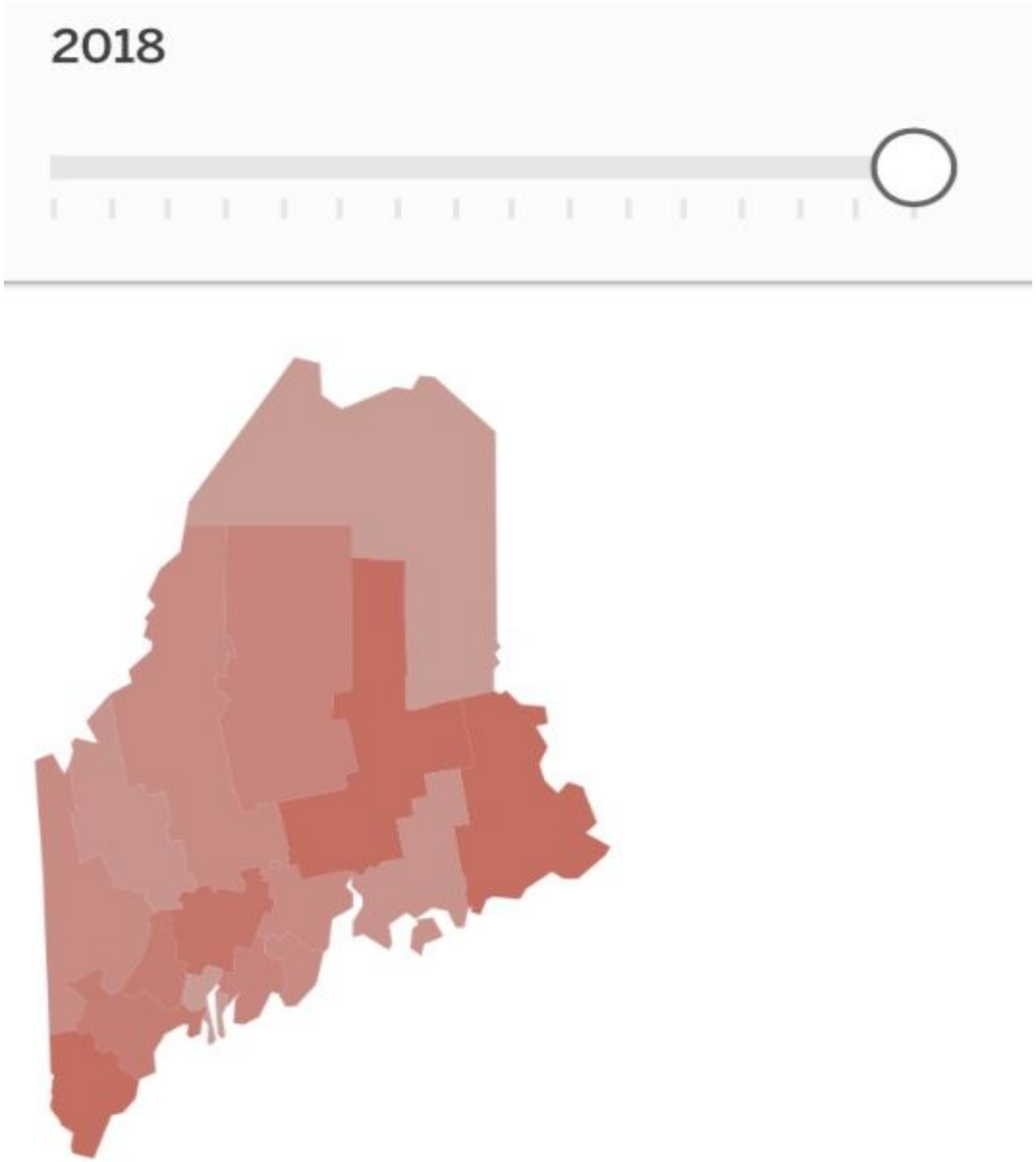

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WHAT AREAS OF *PRESCRIBING* CAN AFFECT OVERDOSE RATES?

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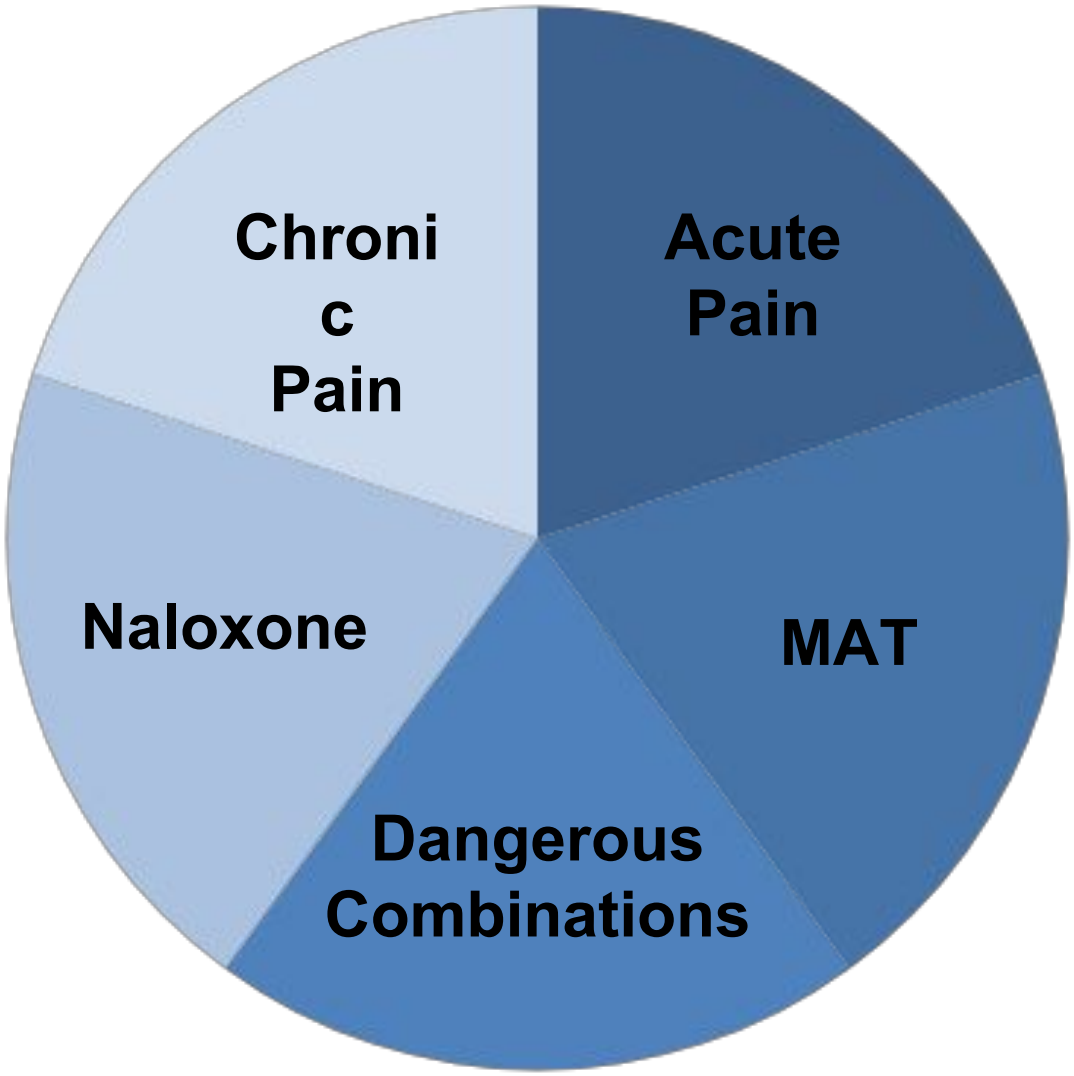
Prescribing to Reduce Opioid Overdose



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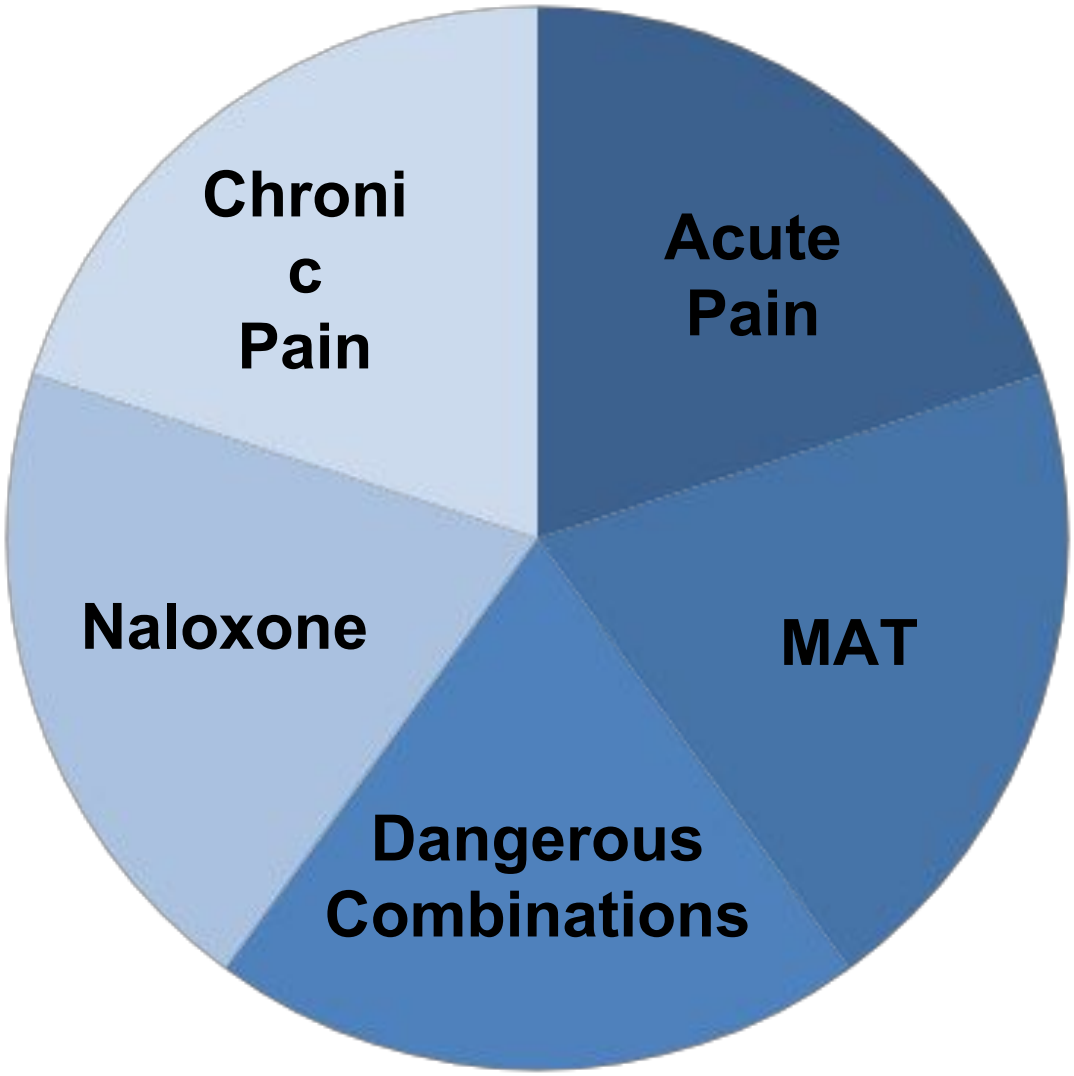
Prescribing ...



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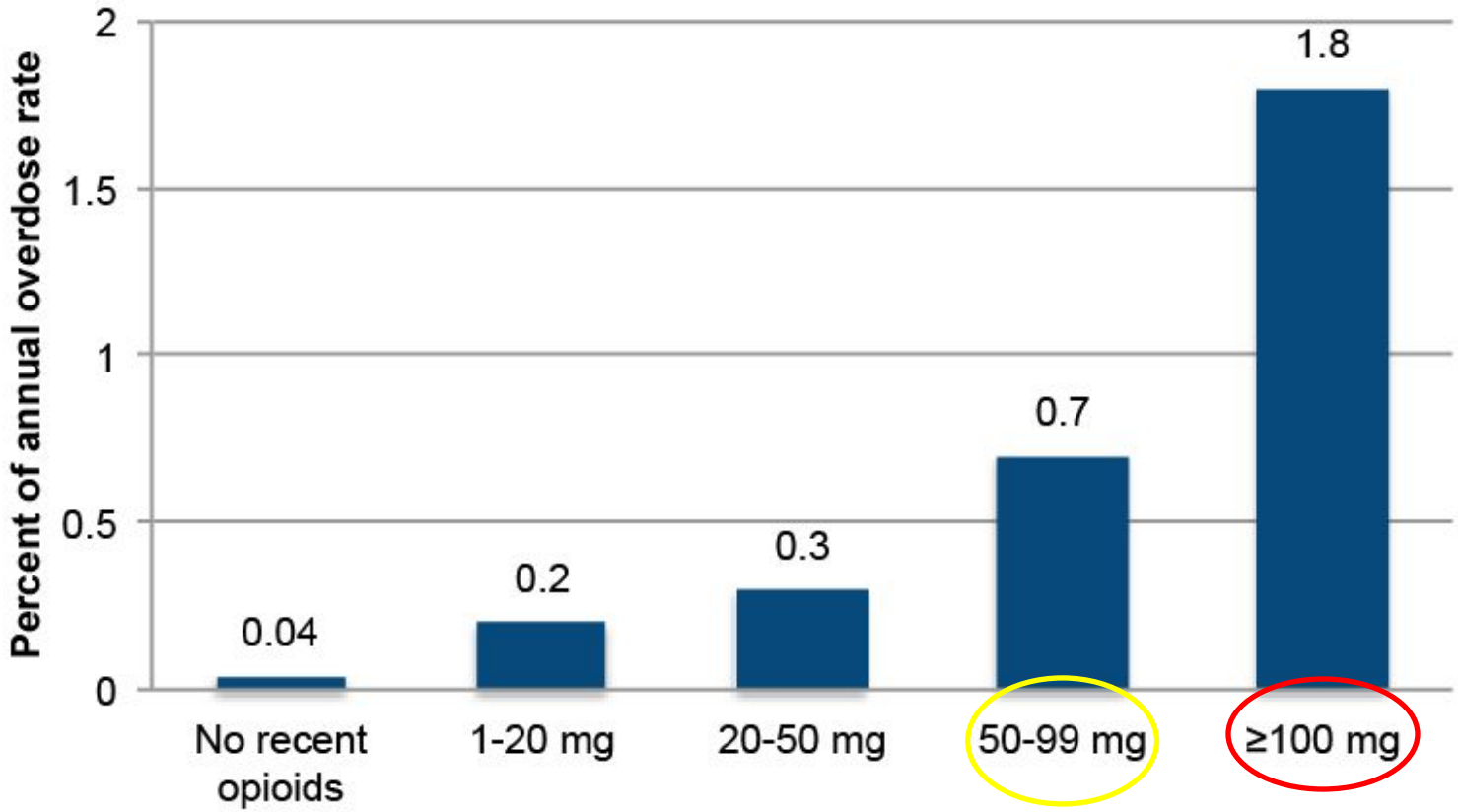
SPACE Randomized Clinical Trial

- 240 VA patients
- 2 non-blinded arms: opioids & nonopioid medications
- No significant difference on pain-related function over 12 mos
- Pain intensity significantly better/less in nonopioid group (p=.03)

Krebs, 2018

Risk of Overdose Increases with Dose

(nonfatal or fatal OD)



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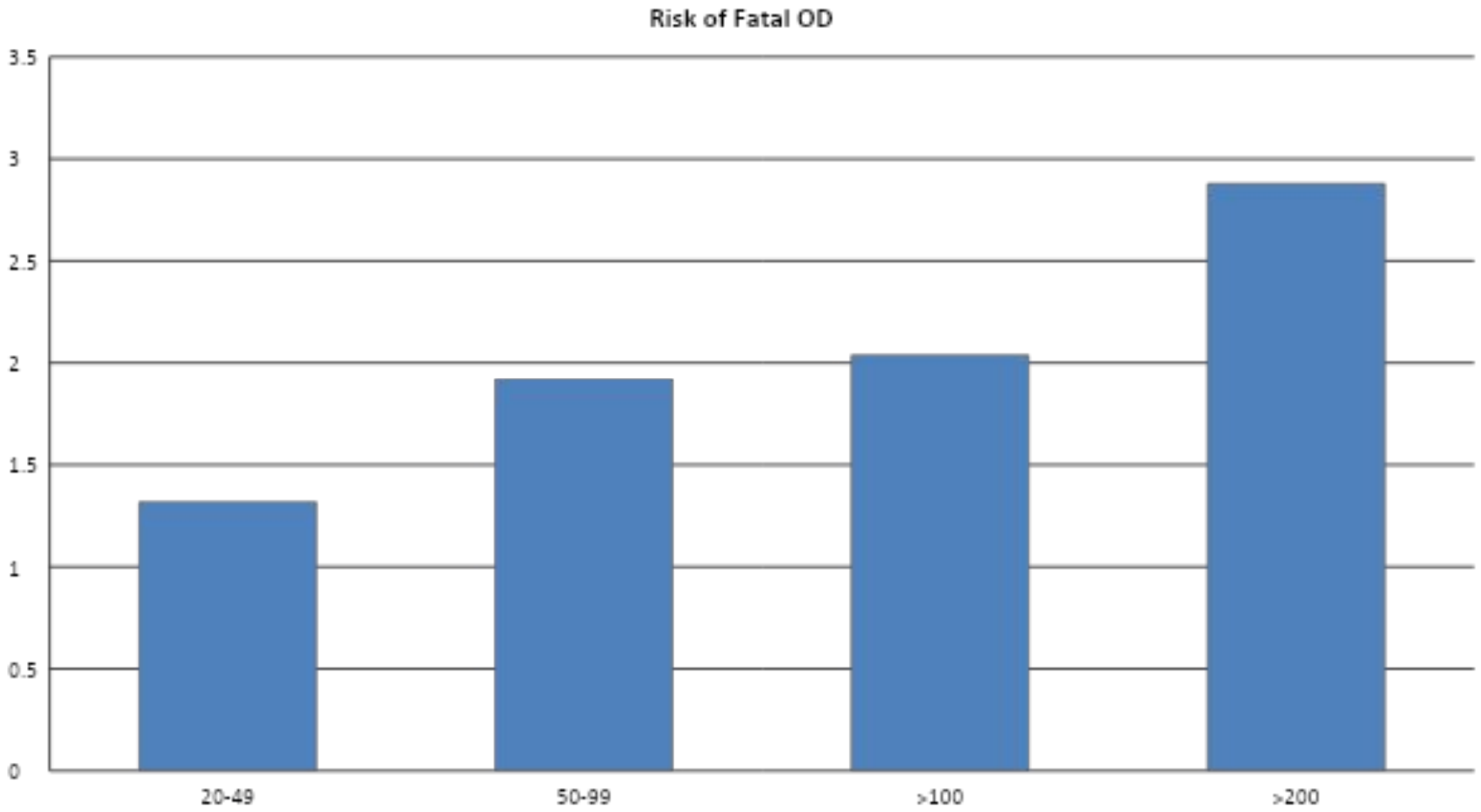
Archived Alosa Health materials, 2015

Risk of FATAL OD Continues to Rise from 100 to 200



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Gomes. Arch Intern Med 2011;171:686-91.

Chronic Opioid Monitoring

- Assess progress toward functional goals
- Use standardized tools
- Pay attention to behavioral health
- Ask about hx of misuse
- Perform risk assessment & mitigation
- Discuss dose reduction at every visit

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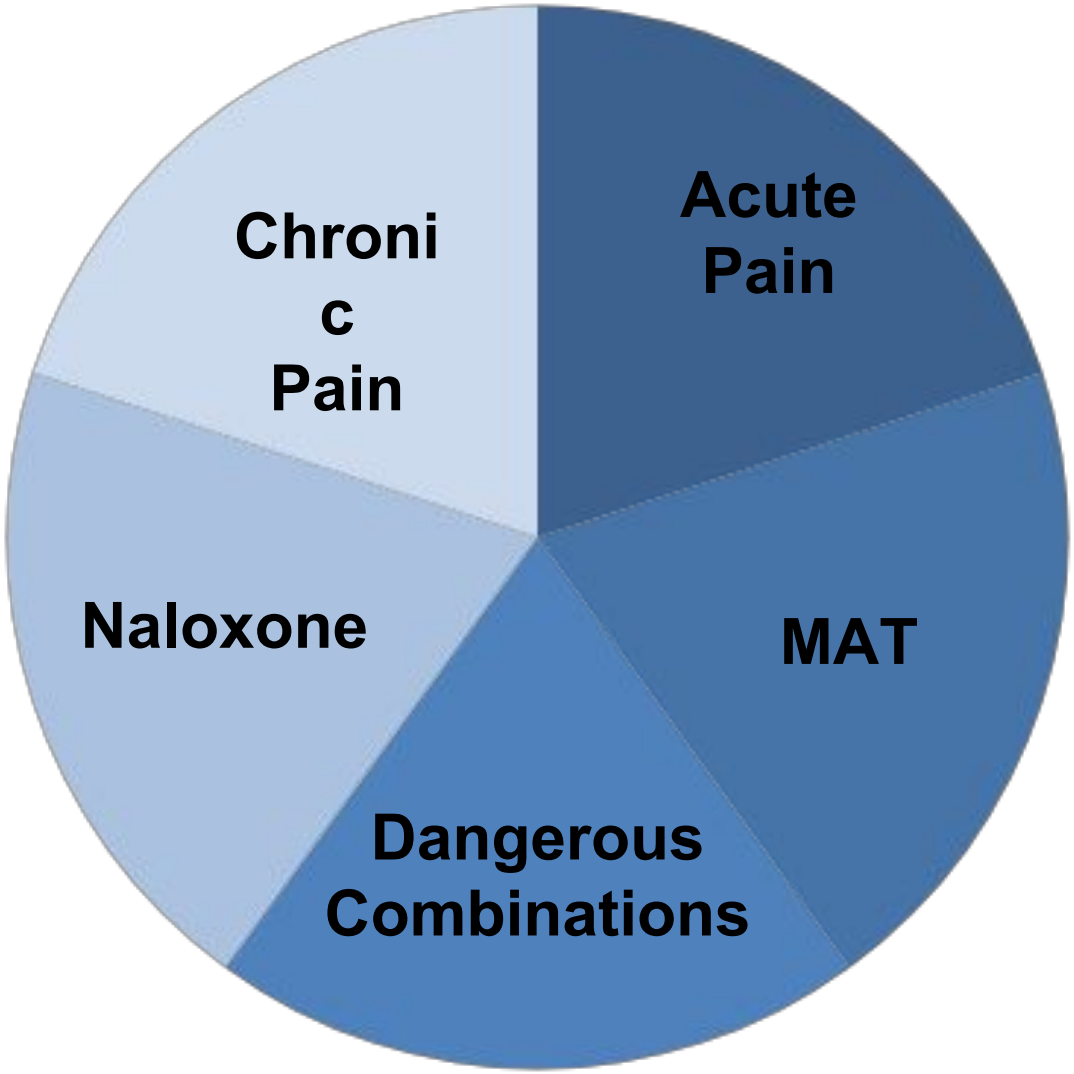
Prescribing ...



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3 IN 5 TEENS SAY FINDING OPIOIDS IN THEIR PARENTS' MEDICINE CABINET IS EASY

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Current Best Practice Recommendations for Pain

- Multimodal & multidiscliplinary
- Grounded in scientific evidence
- Biopsychosocial view
- Coordinated & integrated
- Population-based but tailored to individual
- **3 day supply for acute**

Pain Management Interagency Taskforce, 2018

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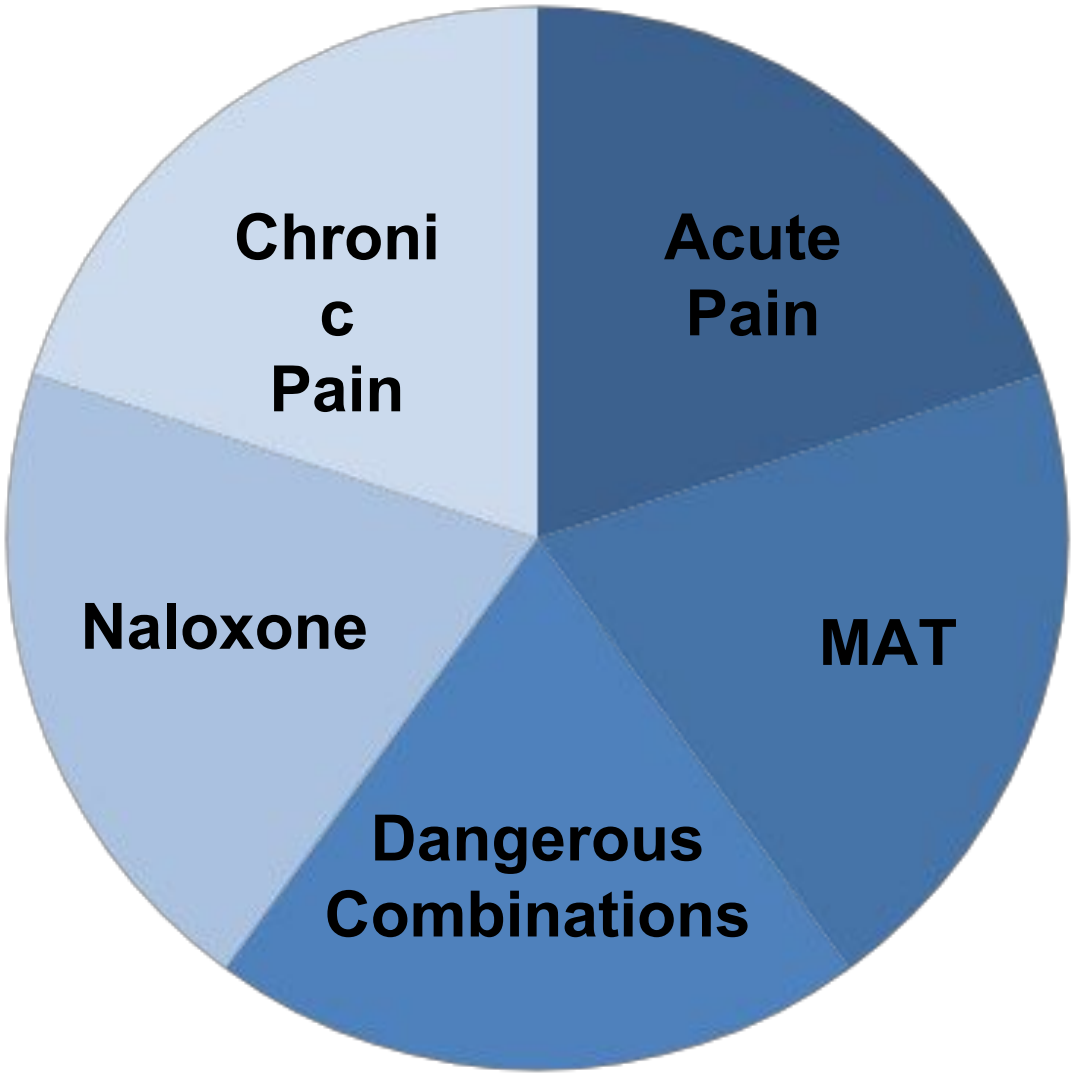
Acute pain prescribing

- Document informed consent
- Discuss a clear plan/expectations
- Be explicit about length of rx
- Don’t initiate co-prescribing of opioids & benzos/sedatives
- Educate staff
- Put patient instructions in writing

Acute pain in Patients on methadone and buprenorphine:

- verify the dose
- maximize nonopioid pain treatments *(pharmacologic and nonpharmacologic)*
- consider increasing or splitting dose temporarily
- add higher dose short-acting opioids for 3-5d
- Discuss possibility of **NO** discharge opioid script

Prescribing ...



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MAT: Effective, Cost-effective, and Cost-beneficial

Medications:

- reduce illicit opioid use
- retain people in treatment
- reduce risk of opioid overdose death
- better than treatment with placebo or no medication (50% vs 10% @1 yr)
- decrease crime

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More Cost-effectiveness of MAT

- If a pt w/OUD is on buprenorphine at time of hospital admission:
  - 53% reduction in hospital readmission @30d
  - 43% reduction in hospital readmission @90d

Moreno, 2019

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Ways you can effect change

- Learn the opioid use disorder treatment options in your community or know who to contact for information
- Use non-stigmatizing language
- Don’t be afraid to ask patients
- Get your x-waiver (8hr course online)
- Advocate at all levels

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NIDA OD Prevention video

- Suitable for all patients on opioids, not just pts on MAT
- https://www.youtube.com/watch?v=7p_SU6zcvbA

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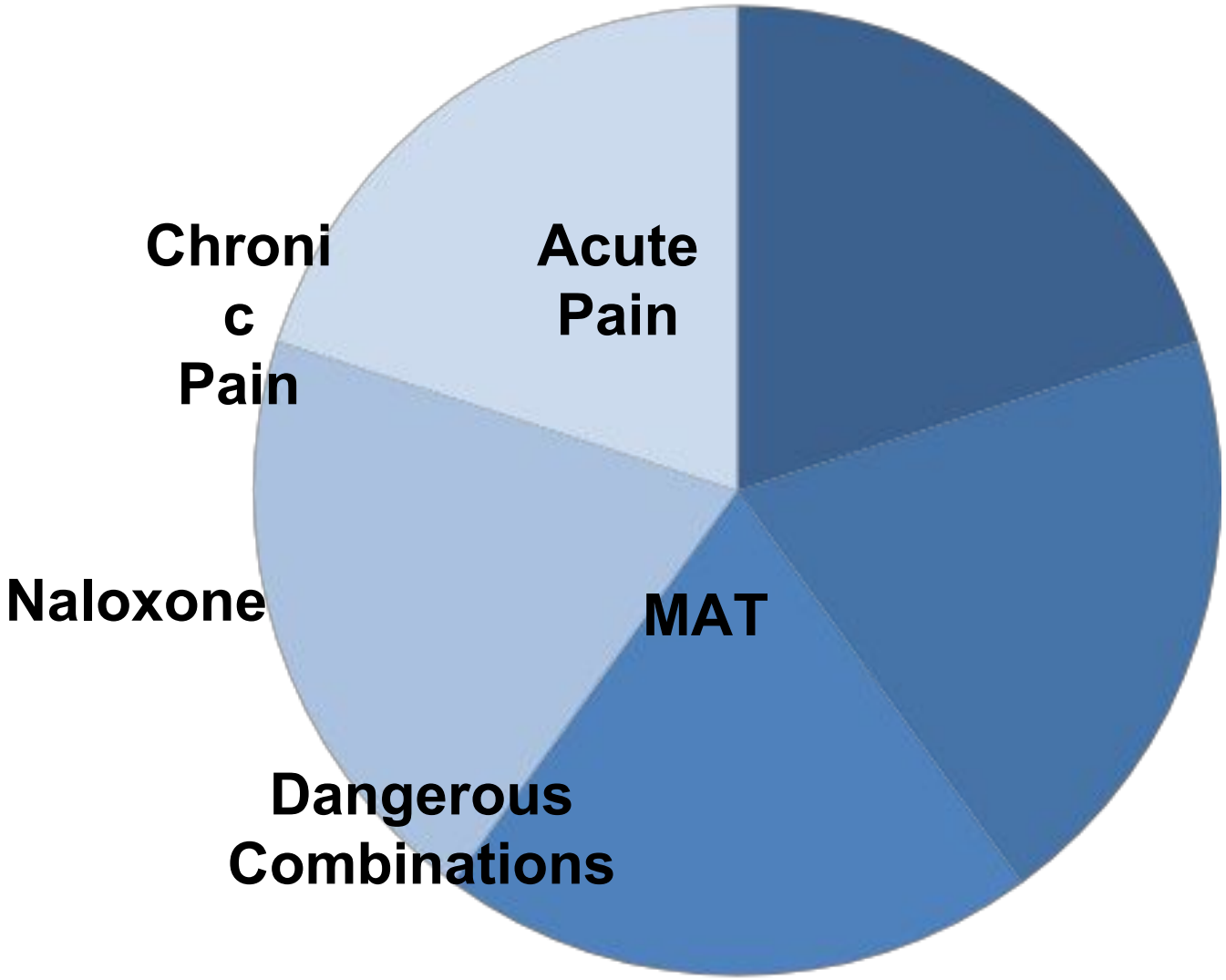
Prescribing …



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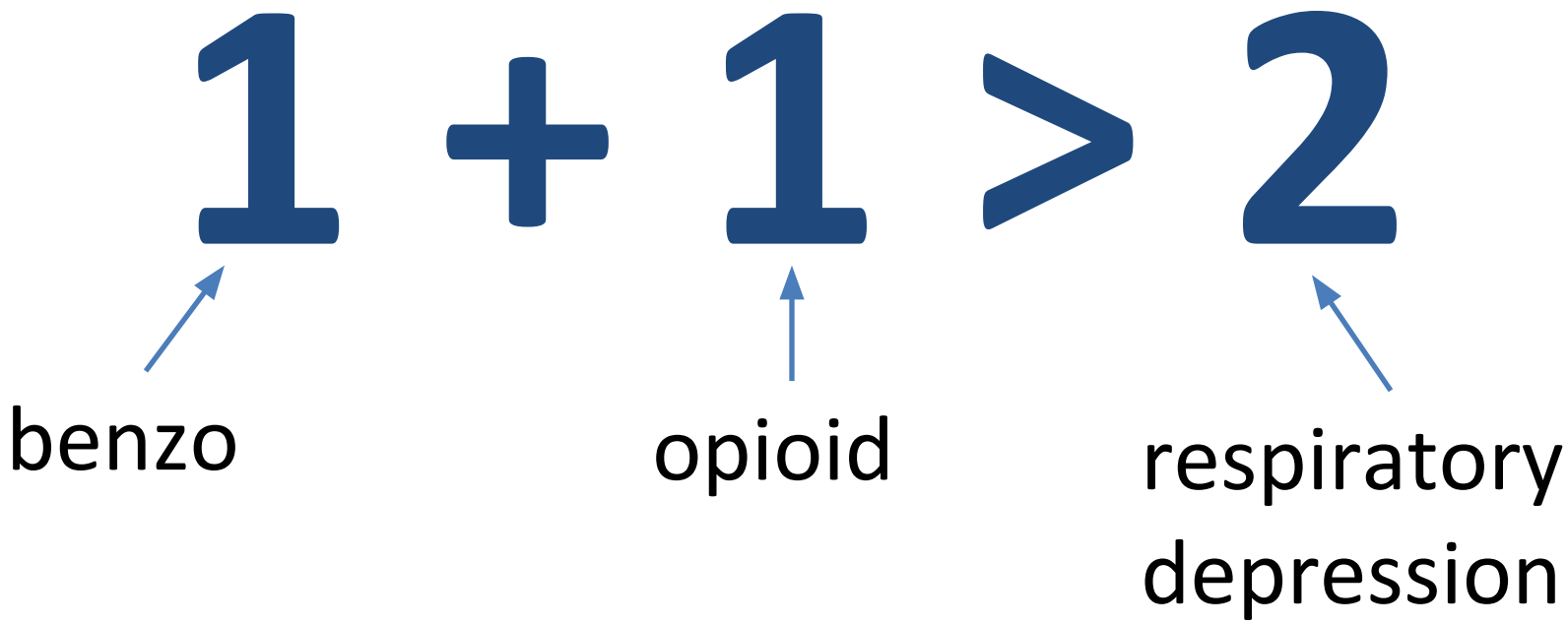

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BLACK BOX WARNING

opioids and benzodiazepines when combined can result in serious side effects including slowed/difficult breathing and death

FDA, August 2016

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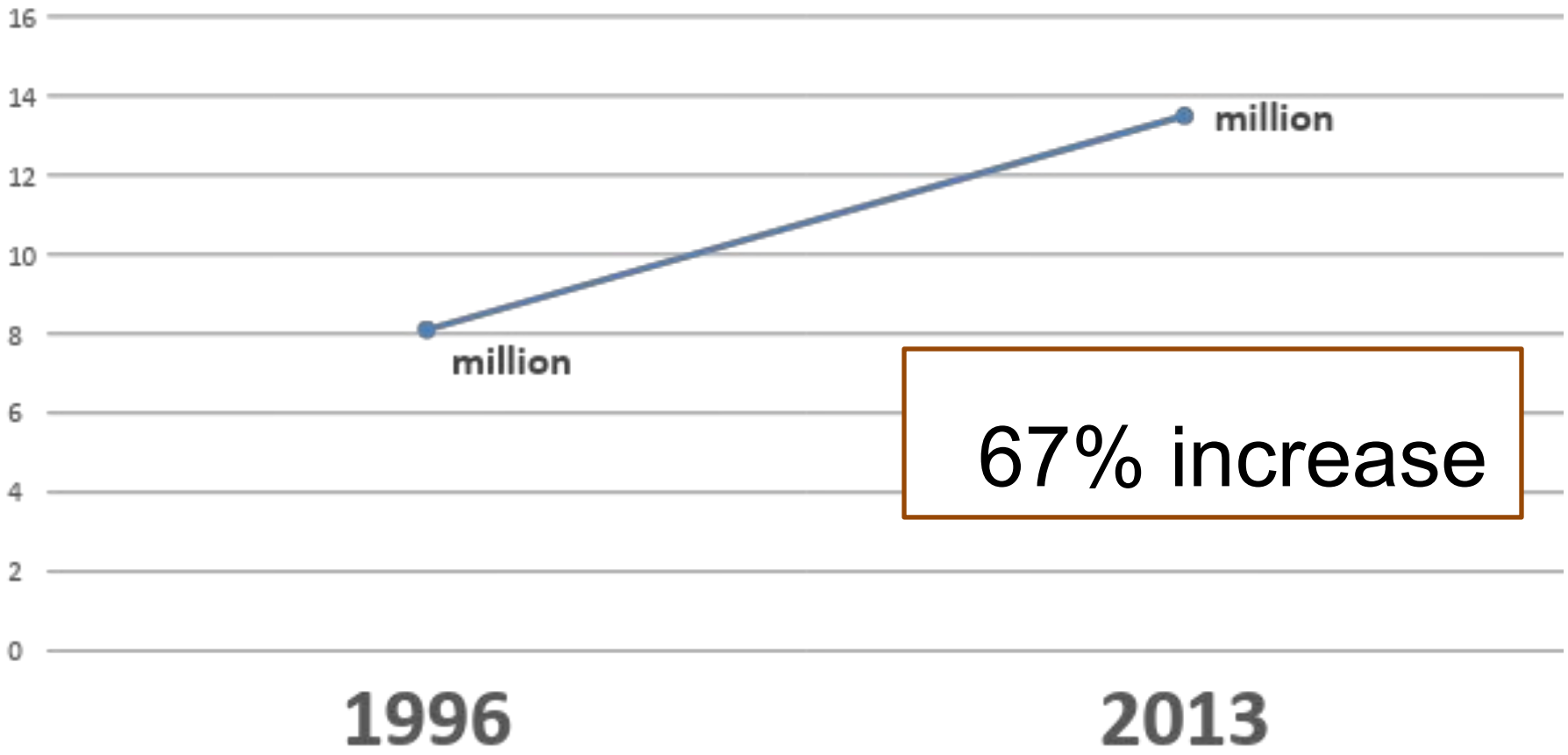
Adults Who Filled Benzo Rx



Bachhuber 2016

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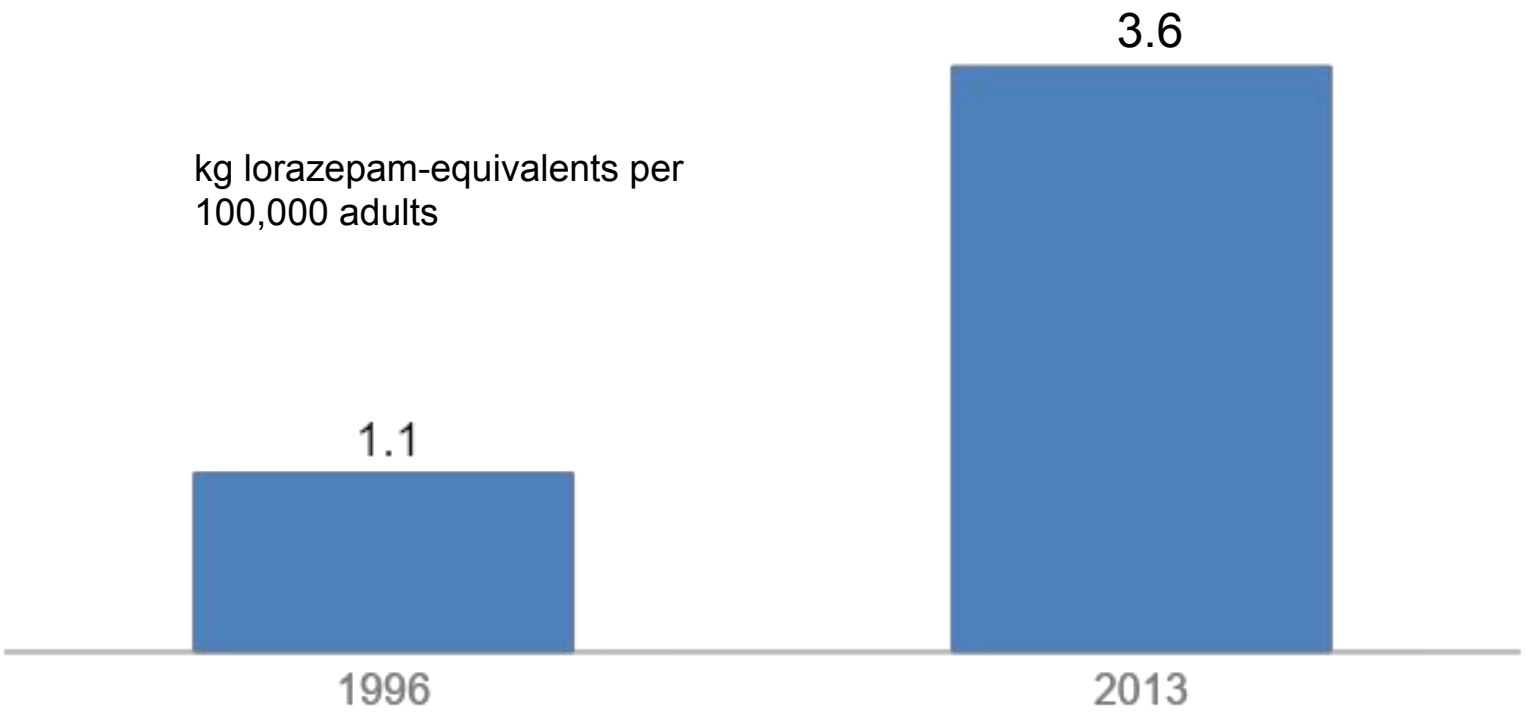
Amount of Benzo per Rx



Bachhuber 2016

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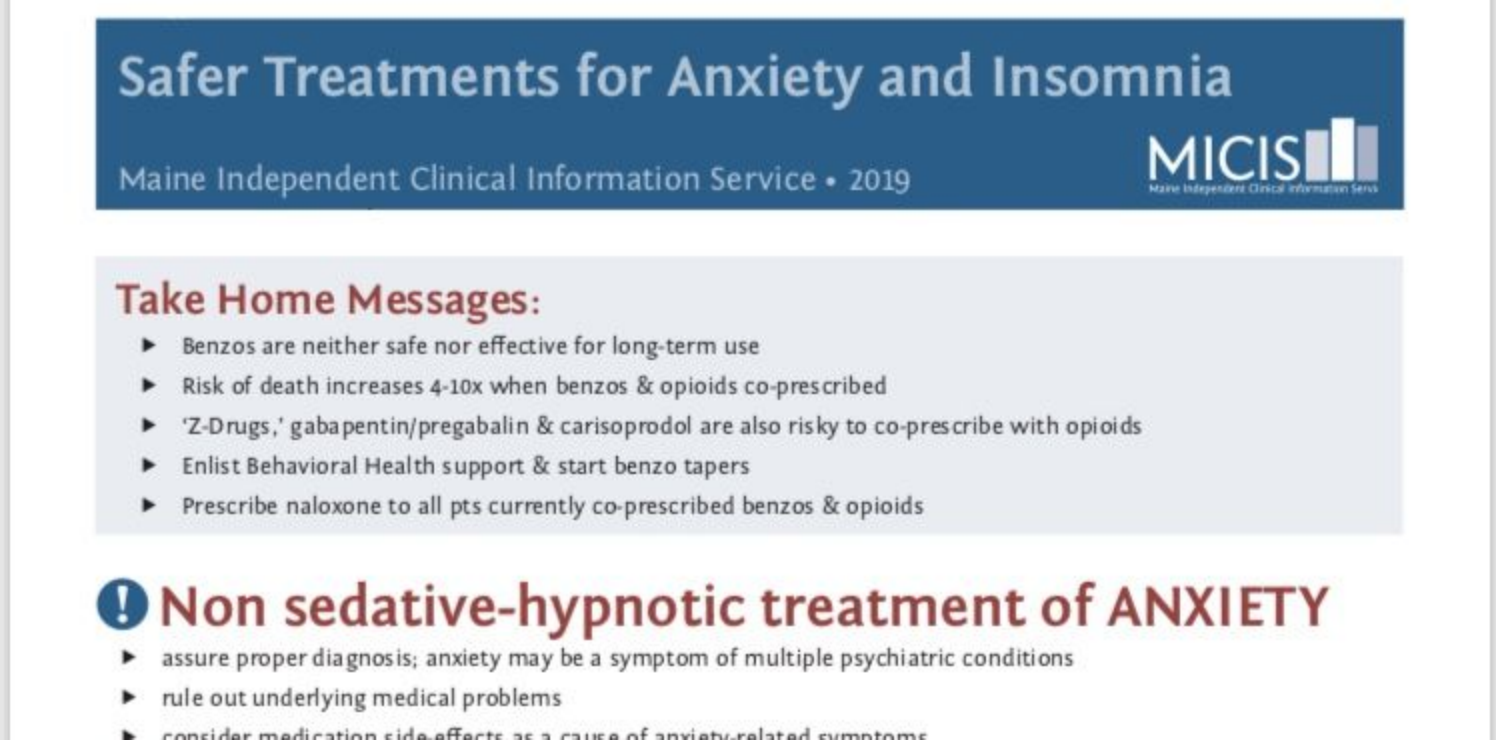
Academic Detailing Handout



Safer Treatments for Anxiety and Insomnia

Maine Independent Clinical Information Service • 2019

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Take Home Messages:

- Benzos are neither safe nor effective for long-term use
- Risk of death increases 4-10x when benzos & opioids co-prescribed
- 'Z-Drugs,' gabapentin/pregabalin & carisoprodol are also risky to co-prescribe with opioids
- Enlist Behavioral Health support & start benzo tapers
- Prescribe naloxone to all pts currently co-prescribed benzos & opioids

! Non sedative-hypnotic treatment of ANXIETY

- assure proper diagnosis; anxiety may be a symptom of multiple psychiatric conditions
- rule out underlying medical problems
- consider medication side-effects as a cause of anxiety-related symptoms

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Evidence-based medication treatments for Anxiety & PTSD

Class/Medication	Anxiety	PTSD
SSRI	X	X
SNRI	X	X
TCA	X	X
mirtazapine	X	X
buspirone	X	
hydroxyzine	X	
pregabalin/gabapentin*	X	
propranolol	X	
prazosin/clonidine/guanfacine		X
nefazodone		X

*some abuse potential, but less than benzos; can potentiate respiratory depression when combined with opioids

Reference: SFNH, Table 8.

Boston Community Study pts rx'd benzos had

- MORE PCP visits
- MORE Specialist visits
- MORE ED Visits
- MORE Hospitalizations
- LONGER LOS

$p < 0.001$ for all

Kroll, 2016

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Compared to non-recipients, benzo recipients more likely to have

	OR
Depression	2.7
Substance Use	2.2
Tobacco Use	1.7
Osteoporosis	1.6
COPD	1.6
ETOH Use	1.5
OSA	1.5
Asthma	1.5

Kroll 2016

NC Cohort Study

- Nearly 2.2 million patients on opioids
  - 80% were co-prescribed benzos
  - Mortality rates increased gradually across the range of MME's
  - Rates of OD death among those co-dispensed 10x higher (7.0 person per year vs. 0.7)

Dasgupta, 2016

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Overarching Concepts of co-rx'ing

- Stop starting
- Taper, titrate, do not escalate
- Monitor closely, reassess frequently
- Limit dose & duration
- Warn pts & caregivers
- Co-rx naloxone

De-prescribing/Tapering opioids & benzos

- Discuss at every visit
- Require behavioral health involvement
- Faster initial drop, slower later
- Once committed, OK to pause, but never reverse taper
- Ask patients for input into schedule (give some control)

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BRAVO-approach to tapering

- **B**roach subject
- **R**isk benefit calculator
- **A**ddiction happens
- **V**elocity matters (+ validation)
- **O**ther options/strategies for coping w/pain

Chou & Lembke, 2019

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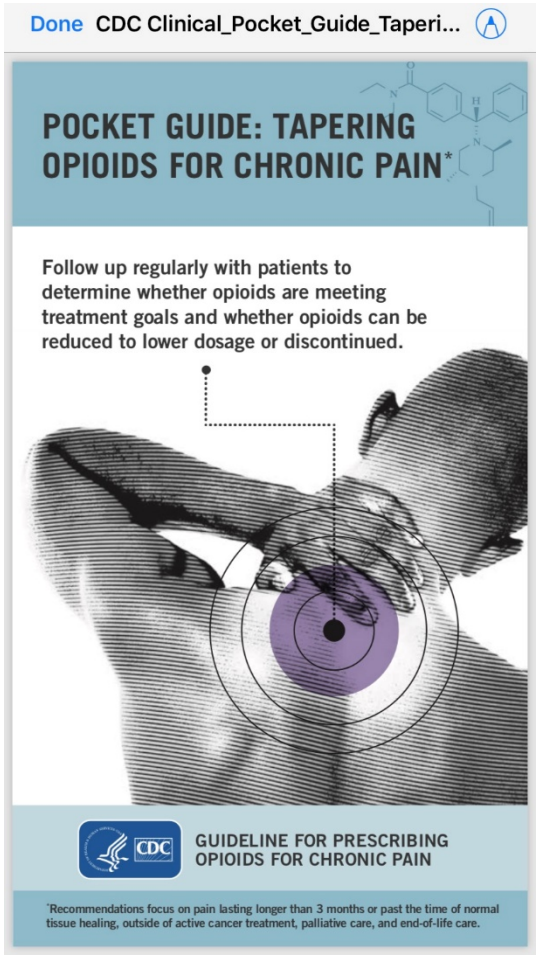
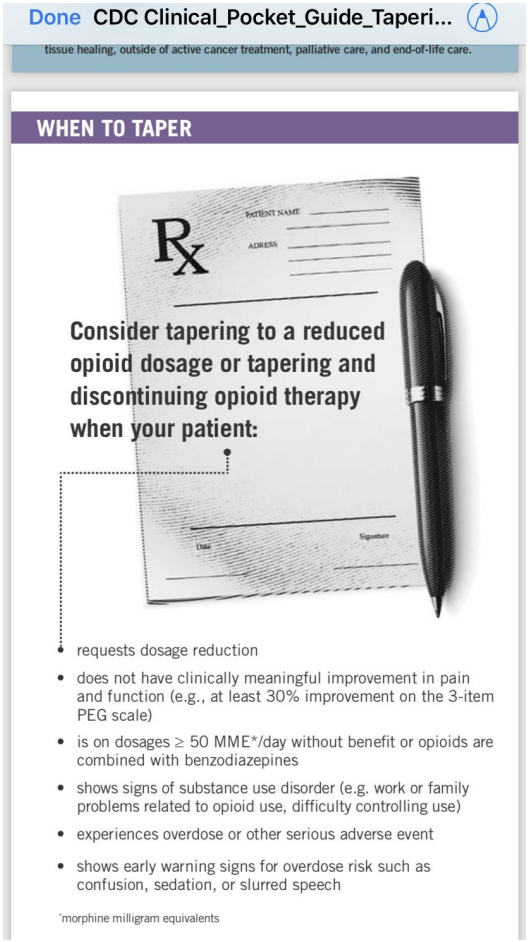
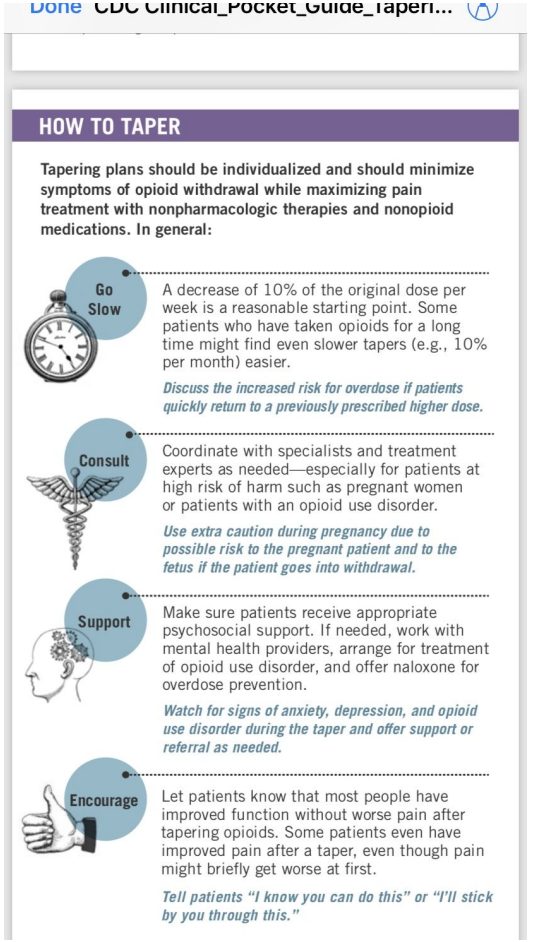
CDC Tapering Pocket Guide







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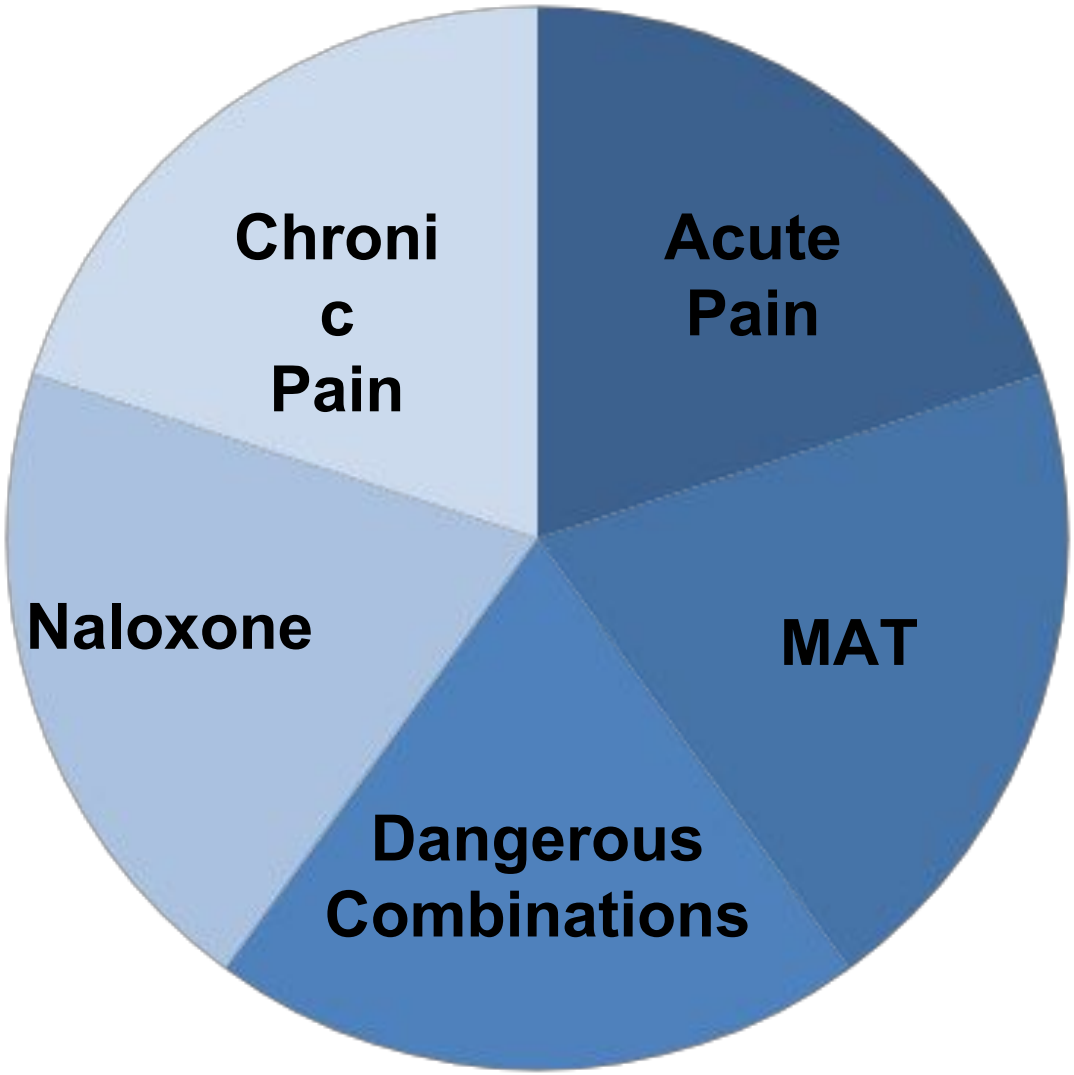
https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf

Prescribing ...



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SAMSHA naloxone video

- https://www.youtube.com/watch?v=RcAaZQQqd50

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CDC: Overdose Prevention

"The best way to prevent opioid overdose deaths is to improve opioid prescribing to reduce exposure to opioids, prevent abuse, and stop addiction."

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SAVE LIVES FIRST

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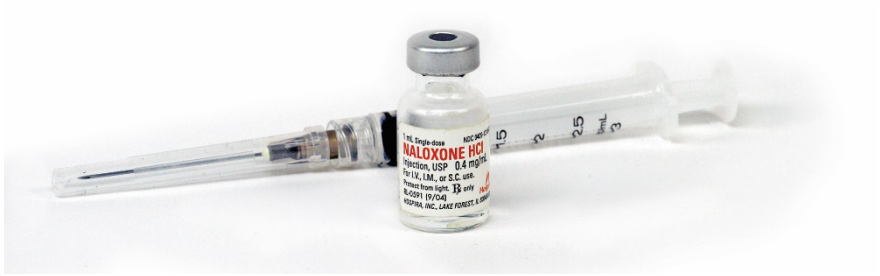
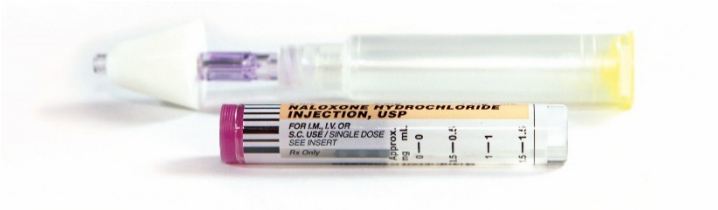
Naloxone Products

naloxone vial for IM



naloxone prefilled syringe & nasal atomizer



naloxone nasal spray

naloxone auto injector

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Maine naloxone laws

- Good Samaritan for prescriber/administerer of medication
- Legal to prescribe for third-party use (only rx for which this is true)
- Some pharmacists can prescribe/dispense naloxone (and all prescribers can!!)

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Melissa Christopher, PharmD, National Director, VA Academic Detailing Service

“NALOXONE LIKE WATER”

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Harm reduction

- Hardwire naloxone protocols into your practice
- Ideally rx to all patients on opioids, taking drugs (including MJ) or their close contacts
- Highest risk: co-rx'd BZDP, EtOH use, respiratory compromise, MME>50

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LIVE OR VIRTUAL

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In Summary...

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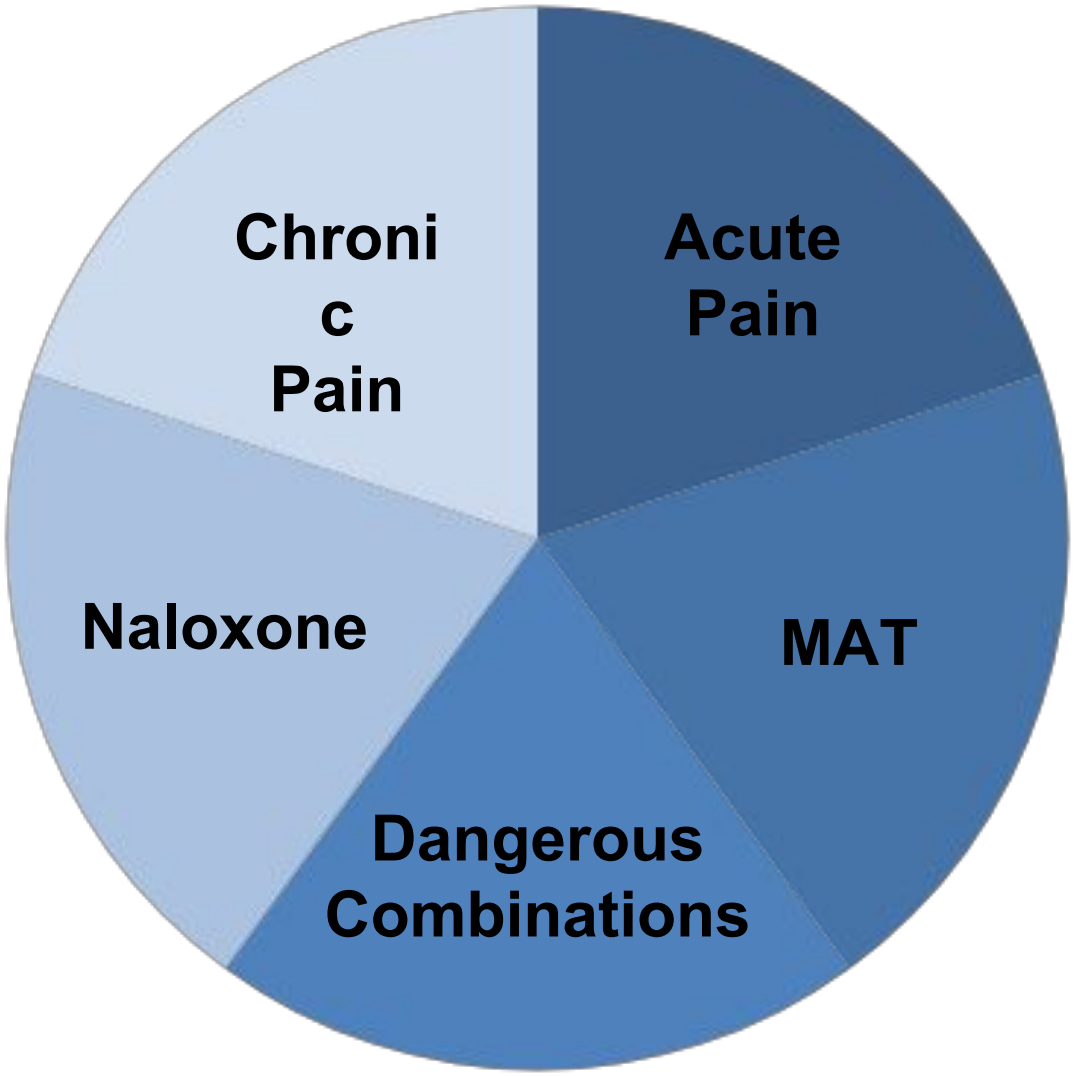
Prescribing to Reduce Opioid Overdose



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HOW TO FILL OUT EVALUATION AND GET CME CREDIT

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Resources

- Michigan brochure on reducing post-surgical prescribing
- New PMP introduction videos
- 2 pager: Preventing OD among your pts
- BRAVO approach to tapering
- ME State Clinical Opioid Advisory recs

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De-prescribing openers

- “I care about your safety…”
- “I am worried…”
- Acknowledge fears: “So you feel…”
- Reassure many pts do better without opioids/benzos, even if they feel briefly worse
- Reassure non-abandonment: “I’ll stick by you…”

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Tapering – BRAVO – A Collaborative Approach

Clinical Update March 2020

- Involve the patient
- Take more time
- Get the support of your team
- Use motivational interviewing (reflection, validation, support)
- For inherited patients, maintain the current dose and document if considering a taper

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Consider tapering for the following reasons:

- Patient request
- Pain and function not improved
- Adverse opioid effects
- Co-occurring conditions (including mental health)
- Dose over 90 MED
- Concurrent sedatives
- Opioid use disorder
- Opioid overdose

- Addiction = The 3 C's: Control, Craving, continued use despite Consequences
- Dependence = Tolerance, withdrawal, without the 3 C's
- Anyone can become addicted or dependent
- Reassure patients there is effective treatment for both
- Consider buprenorphine

V

Velocity & Validation

- Go slowly (Tapering Examples)
- Maintain the same schedule (BID, TID)
- Let the patient drive "Which opioid would you like to taper first?" • Take breaks, but never go backwards
- Warn patients that pain gets worse before it gets better
- Validate that opioid tapering is hard

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- Help patients understand how pain works • Encourage regular, restful sleep
- Promote healthy activities
- Maintain a positive mood
- Foster social connections
- Make good nutritional choices
- Consider non-opioid pain medications