



Accurate Clinic

2401 Veterans Memorial Blvd. Suite 16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

www.AccurateClinic.com

Accurate Education

Prescribing Opioids

At this time, some pharmacists are requesting a patient's background treatment information from the prescriber for patients being prescribed opioids in order for them to feel justified in dispensing them. As the prescriber, I must defend opioid dosing by demonstrating efforts to avoid relying solely on opioids through the use of non-opioid medications and other alternative treatments, as well as relating a patient's success, or failure, of reducing their opioid dosing.

As a consequence of the current political climate of opioid management, it has become more important to make an effort to taper one's opioid dose down so an honest, concerted effort should be tried when possible. It is helpful to demonstrate continued need for current dosing, high or not, when a reasonable effort is made to taper, even if it is unsuccessful.

In my practice, I have always encouraged patients to engage trial tapers of their daily opioid dosing by 1/2 - 1 tablet a day as tolerated when possible, regardless of whether one is on high dose opioids or not. The goal of this effort is to reduce a patient's opioid tolerance to help avoid the need for increasing future opioid dosing due to buildup of tolerance, as well as to contribute towards a modest emergency supply as a reserve of pain medications for circumstances such as hurricane evacuations or other conditions limiting a patient's access to their physician or their pharmacy.

Parallel to this, one should always emphasize using alternative means of improving pain control before immediately turning to increasing one's opioid dose. These alternative means could include non-opioid medications, physical therapy including trigger point therapy, massage, acupuncture and/or acupressure therapy, chiropractic treatment and nutraceutical supplements as well as traditional Chinese herbal medications for those who wish to explore new ground.

Accurate Clinic offers many alternative options for treating pain that all patients are encouraged to explore whenever possible and affordable. Information about all of these options is available on www.accurateclinic.com for those with Internet access. For those who do not, when triaging with the tablet, handouts on many different treatment topics will be available for printing while one is filling out their triage information. We encourage our patients to ask Staff about any questions they have regarding alternative treatments.

If a pharmacist expresses reservations regarding dispensing your opioid prescription, please notify Accurate Clinic. We have handouts available to give to pharmacists with background information on Accurate Clinic and the nature of our pain management practice to reassure them of the safety of your opioid prescribing.

For those of you who have been told you are taking "high doses" of opioids or if you have been taking opioids for many years, particularly oxycodone, morphine or fentanyl, please flip this page over and read about how you may improve your pain response to your current dosing.



Rotating to Buprenorphine

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Naltrexone for Pain

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“High Dose Opioids”

Due to public concerns regarding opioid-related overdose deaths, emphasis is being placed on opioid doses that are considered “high dose” by the DEA, regulatory agencies, insurance companies and pharmacists. Such concerns are based on the belief that those on high dose opioids are more likely to suffer from an accidental overdose. The statistics which this belief is based on lacks context, but nevertheless there is a movement in the medical community to drive opioid dosing down by limiting supplies to restrict pharmacies and patients from access to opioids. Furthermore, the definition of “high dose” is subjective, political, and not based in good science, but that does not deter the ignorant from applying it as a means of judging a patient’s pain management.

If you have chronic pain and have been taking “high dose” and/or long-term opioid medications, you likely have developed opioid analgesic tolerance (OAT), which results in a diminished pain benefit when taking opioids. There are multiple mechanisms by which one develops OAT, but there is another condition that contributes to reduced analgesic response to opioids, Opioid-induced Hyperalgesia (OIH).

Opioid-Induced Hyperalgesia (OIH) is a condition where over time opioids cause changes in the opioid nerve receptors they normally interact with to reduce pain. These changes increase certain chemicals that amplify pain signals instead of reduce pain signals and, at the same time, they also activate inflammatory processes. As a result of these changes, the affected receptors cause increased pain rather than decreased pain.

OIH is a gradual process where not all opioid nerve receptors change at once but more and more of these receptors change over time, resulting in a gradual overall reduction in a person’s response to their opioids. This reduction may be perceived as typical OAT but it is not the same. As OIH progresses, an individual’s pain does not just become worse but it may respond less and less to higher opioid doses until in some cases, the pain just becomes worse with higher doses. The prevalence of OIH in patients on long-term opioid therapy is likely in the range of 5% to 15% (especially those taking oxycodone, morphine, or fentanyl).

One is more likely to have OIH if they:

- Have been on high doses of opioids for years but still unable to get good pain control
- Have needed to increase their opioid dose over time for the same pain relief
- Have needed to increase their opioid dose over time but with diminishing benefits of doing so

Treatment of OIH:

1. **Tapering down or off opioids:** Effective although often not tolerated well.
2. **Micro-dosing Rotation to Buprenorphine:**
 - Pain control is generally maintained or improved after rotation to buprenorphine - most studies report decreased pain severity (up to 27% in one study) and improved function after rotation.
 - Buprenorphine may provide better pain control in some chronic pain conditions, including neuropathic pain and fibromyalgia. It is safer than traditional opioids, especially for those with sleep apnea and those taking benzodiazepines. It is also less likely to develop tolerance over time or contribute to pain sensitization.
 - Rotation to buprenorphine with micro-dosing protocols are effective and well-tolerated more than 95% of the time
 - It is not uncommon for patients who have transitioned to buprenorphine to indicate they feel generally better with more clarity and less sluggishness after their transition.
 - Buprenorphine is less expensive, almost always covered by insurance with no supply problems.
 - Adverse events are uncommon.
3. **Micro-dosing (ULDN) with Naltrexone:**
 - **Experimental but safe:** Co-administration of microgram doses of naltrexone without changing current opioid regimen
 - **Naltrexone** changes the protein in the affected opioid receptors responsible for the OIH, allowing for improvement of analgesic response to current opioid dosing.
 - **Not yet available** for prescribing but may be available in the near future.