



Monday through Friday

8:00 A.M. to 8:00 P.M.

Saturdays & Holidays

9:00 A.M. to 1:00 P.M.

Sundays & Christmas

Noon to 4:00 P.M.

IT'S ABOUT THE PAIN

A monthly service of Kirkpatrick Family Care, Vol 2, Number 4, December 2017

A Letter to Santa

Dear Santa,

I take care of many unfortunate people who have chronic pain. At Thanksgiving, they have much to be thankful for: nearly 100% say that using their pain medication regimen reduces their pain and improves their function. All who have sleep apnea, fortunately, have insurance coverage for their CPAP or BPAP.

But most of them don't feel "good" on their opioids. And all are worried about the constant barrage of information and pronouncements on TV and in the newspaper. They feel they, personally, are being blamed for the overdose deaths of recreational drug addicts. They fear loss of opioids, and resultant:

- **Inactivity—go to bed and stay there**
- **Illegal purchase of prescription drugs from other patients or drug dealers**
- **Futile re-attempts at surgery, therapies, and a montage of failed non-opioid medications**
- **Switch to heroin**
- **suicide**

So, here goes, Santa. Here's my Top Ten wish list for those patients:

- **That the TV networks (including Fox and CNN), and politicians, would report that opioid overdose deaths are mainly due to fentanyl, heroin, and meth, not oxycodone and methadone.**
- **And stop the importation of those dangerous compounds.**
- **That CDC would state that recreational users and chronic pain patients are fundamentally different.**
- **That medical science would find means other than opioids to relieve chronic pain.**
- **That insurance company benefits would include at least weekly therapies for chronic pain (physical, occupational, acupuncture, psycho and cognitive behavioral), that are currently unaffordable by even patients with "good" insurance.**
- **That regulations would be adjusted so as to promote competition between multiple makers of pain devices such as TENS units, Spinal Cord Stimulators, and Morphine pumps, and bring down prices so that they are affordable by common patients.**
- **That new abuse deterrent opioids would be as inexpensive as methadone and oxycodone.**
- **That research companies would design opioids that occupy only pain receptors, and not other brain sites that produce confusion. Just like Movantik and Relistor eliminate GI side effects.**
- **That research would find ways to rejuvenate severed nerves—sort of like stem cell grafts for open wounds.**
- **That everyone remember that, although opioids can surely be abused, stolen, diverted, and used for recreation, they DO lessen the pain from neuropathy, injuries, and unsuccessful surgeries, and allow victims of chronic pain to live more productive and happier lives.**



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IT'S ABOUT PAIN

A monthly service of Kirkpatrick Family Care, Vol 2, Number 3, November 2017

WHAT COMES AFTER THE NEW RULES?

As I mentioned in the October edition, it appears that the new government-initiated rules, regulations, recommendations, and requirements will focus on reducing the number of post-operative patients who become addicted to pain medicine, and intervening if/when people with chronic pain escalate their Morphine Equivalent Doses to more than 90mg.

90Mg Morphine is equivalent to:

90 mg hydrocodone	60mg oxycodone	37.5mg fentanyl patch
600mg codeine	22.5mg hydromorphone	30mg oxymorphone,
900mg tramadol	360mg tapentadol	22.5mg methadone
7mg butrans patch	30mg pentazocine,	900mg meperidine

(source: CDC's "Oral Morphine Milligram Equivalent (MME) Conversion Factors" chart)

What's the bottom line? First, because we (KFC) don't perform surgery, the issue of post-op pain medication will become a negotiation between patient and surgeon. Most likely, in order to get more than 7 days (42 doses) of pain medication, somebody will have to get authorization from a government agency or an insurance company, or (if it's all left to the surgeon and he/she is afraid of getting listed as a Violating Prescriber), pressure from another source, like an attorney.

Will patients with chronic pain be excluded from this—will the government decide that forcing patients to give up safe and effective (in their personal situation) opioid therapy, is too dangerous and complicated? Or that efforts to do so, have driven many people to dangerous illegal drugs and death?

Maybe. But there's a long list of powerful entities (translation, strong lobbies in Washington, DC) that stand to benefit from restrictions on opioids for the 50 million Americans suffering from chronic pain:

- Insurance companies (pain pills become personal expense, not insurance expense)
- Big Pharma (new "abuse deterrent" opioids cost 10x the price of oxycodone/methadone)
- Health Care Companies (more \$50K spinal cord stimulators and \$100K morphine pumps)
- Marijuana industry (CMDs for pain)
- Drug dealers (more customers, and higher prices via supply and demand economics)
- Drug Cartels (spotlight switches to doctors/pharmacists/patients)
- Media (more viewers and readers)
- Therapists (physical, massage, psycho, acupunctural) except that these pain-helpful services aren't well covered by insurance

Stay tuned. The roller coaster ride (2014 Edicts: We're under-treating pain, so people are suffering; 2017 Edicts: We're over-treating pain and people are dying) continues.



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