KIRKPATRICK FAMILY CARE

Monday through Friday	Saturdays & Holidays	Sundays & Christmas
8:00 A.M. to 8:00 P.M.	9:00 A.M. to 1:00 P.M.	Noon to 4:00 P.M.

IT'S ABOUT PAIN

A monthly service of Kirkpatrick Family Care Vol. 3, Number 9, September 2018

WHAT TO DO ABOUT THE COMPLICATIONS OF OPIOIDS—part 1

All medications—no matter how curative or helpful—have side effects. Just, for example, listen carefully to the list that's read on TV commercials while the video shows happy patients basking in the sun of a spring day. Providers—Doctors, PA's and NP's have to balance the benefits and harms every time they write a prescription. And so should you, the patients, every time you go to the pharmacy or open a package from mail order. The benefits of opioids are clear, so let's look at some of the potential harms, and what we can do about them.

CONSTIPATION: Standard strategy is to increase consumption of fluids and dietary fiber, to retain water in the stool and keep it soft and moving. You can also take "bulk laxatives" like Metamucil and Miralax, or more stimulating products like Magnesium Sulfate or prescription lactulose. Amatiza and Linzess (prescriptions) can help as can enemas. Newer agents, Relistor, Movantik and Symproic, reverse the effects of opioids (including slowing digestion) everywhere except the brain. In essence, they are Narcan unable to penetrate into the brain.

CONFUSION: One answer is to switch opioids. Also, adding something else can help you to reduce the opioid dose (Tylenol, aspirin, ibuprofen/naproxen, various antidepressants, muscle relaxers, and even Vitamin B12).

NAUSEA: Dose reduction or a change of meds may help. Some people need acid reducers or specific meds to counter nausea (Phenergan,Zofran, etc). Keep in mind that peptic ulcer and gallbladder disease can cause nausea. If it's not cleared by medications, you may need to have an ultrasound or scope test (EGD).

DEPRESSION: Nearly every patient with chronic pain encounters depression. Pain limits work and hobbies and relationships and often these lifestyle changes cause significant depression. But opioids, as central nervous system depressants, can contribute. Major categories of antidepressants include Tricyclics (amitriptyline,etc), SSRIs (citalopram, Prozac,etc), SNRIs (Cymbalta, etc), and newer agents, as well. Counseling may also help you cope with your losses and refocus on what you CAN do, rather than what you CANNOT.

ADDICTION: Though the concepts are commonly lumped together, there is a difference between addiction and dependence. If addicted, a patient experiences systematic loss of benefit from their opioid and escalates the dose higher and higher to get the same relief. Such patients should probably go through a detoxification process and take Subutex—if all non-opioid and non-medicinal treatments have failed. In dependence, the patient is stable (no dose escalation) but can't function without his/her medication.

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WITHDRAWAL-Some patients have decided that they don't want to be on opioids any longer, and there are many reasons; they:

- Don't feel good physically, physically, spiritually, or emotionally
- Have significant side effects (see It's About Pain, V3#1,Sept, 2018)
- Fear side effects, namely respiratory depression and death
- Fear being robbed
- Feel they may have inadvertently contributed to a friend, relative, or neighbor getting hooked on heroin

Your options for getting off opioids include:

- Having a spinal cord stimulator, nerve ablasion, morphine pump, or other surgical procedure from a pain clinic
- Slow taper, at increments of 10% or less of the then current dose (100,90,81,73,etc)
- Cold turkey and go through withdrawal with out help
- Cold turkey with Vistaril (hydroxyzine), Catapres (clonidine), Lycethium to block withdrawal
- Detox at a place like Cedar Hills in Beaverton, where they stop opioids, but give tiny IV doses if you start into withdrawal, then when totally off, start a safer opioid like Subutex (buprenorphine)