



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 PAIN

A monthly service of Kirkpatrick Family Care

Vol. 3, Number 10, October 2018

WHAT TO DO ABOUT THE COMPLICATIONS OF OPIOIDS—part 2

ANXIETY—Contributing causes.

How can anybody involved with chronic pain survive emotionally? Every day finds yet another forceful and convincing statement that opioids are causing needless deaths—and even as the production and sale of opioids has dropped by nearly 30% in the past 3 years, the opioid death rate has nearly doubled. Most patients feel vaguely responsible, and feel they're being stared at, at the pharmacy. Some fear being assaulted and robbed either on the way home, or even at home.

In addition, almost every patient fear forced discontinuation of their opioids, either because the doctor/NP/PA refuses, or the pharmacist declines, or the governmental agencies insist. Their choices range from bad to worse:

- Retry treatments that have failed in the past
- Withdraw from activities and go to bed
- Try marijuana products or drink heavily
- Bum pills from others or buy from street dealers
- Convert to heroin despite risk of death from accidental overdose
- Intentionally overdose (suicide) on alcohol, antidepressants, legal or illegal opioids, or via other means (Guns, knives, car accidents, etc.)

Meanwhile, a majority of providers no longer prescribe opiates for chronic pain because they may:

- Lose their medical license
- Be charged with crimes for prescribing (several cases in California)
- Charged with manslaughter if they wrote the prescription associated with an accidental fatal overdose
- Be assaulted by relatives/friends of patients whom they cuff off prescribing

ANXIETY--Possible treatments:

Benzodiazepines like Xanax (alprazolam), Ativan (lorazepam) and Valium (diazepam) and Klonopin (clonazepam) are the most popular treatments for anxiety, especially when taken on an as-needed basis. Unfortunately, they have been linked to an increase risk of respiratory depression and death, when taken in conjunction with opioids. This is pretty rare, but is still a risk.



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- Non-benzos like Buspar (buspirone) are less effective but safer
- Preventive anxiety reducers like Lexapro (citalopram), Prozac (fluoxetine) may lessen and prevent anxiety
- Alcohol, but it is less effective, and more dangerous
- Marijuana products are being sampled by many people for many purposes, but safety is not yet determined. Facts that suggest danger include; increased number of motor vehicle accidents since legalization for recreational use; sudden appearance of schizophrenia in teenagers and young adults; and early memory loss in older adults.
- Reassurance: Every patient taking opioids for chronic pain should read the 2016 Centers for Disease Control (CDC) Guidelines for Opioids. Guideline 7 states that providers should evaluate the benefits and harms of opioid treatment and discuss with patients, then prescribe accordingly. Although there is no guarantee, it seems unlikely that state laws would not honor Guideline 7 and its endorsement of the traditional doctor-patient relationship. For more information, Google search articles and videos by Dr. Stefan Kertesz of the University of Alabama.
- Exercise: Working out has a positive effect on brain chemicals and can be safe and effective in coping with anxiety and lessening depression. Be sure your choice of exercise does not further injure your painful body part or parts.
- Speak Up: If you are doing something to protect your access to FDA approved medications, you will likely suffer less anxiety. At this point, that means getting educated about your disorder, your medication, the details of Opiate Deaths, etc., and contacting your elected representatives (Reps Blake of Aberdeen, Walsh of Chehalis, Orcutt of Kalama, and State Senator Takko of Longview) and probably also the Washington or Oregon State Medical Boards..