



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 1, Number 7, March 2017

CHRONIC PAIN AND DEPRESSION

Many patients with chronic pain also are depressed. It's no surprise. Pain often prevents its victim from working, participating in hobbies, sleeping well, and focusing on family and other important aspects of life.

In addition, opioid medications can suppress one's pituitary gland, which can result in inadequate amounts of body testosterone, estrogen, and thyroid hormone. Each deficit creates weakness and other symptoms of depression.

In addition, depression aggravates chronic pain, and in a sense, magnifies the disability caused by pain.

Therefore, it's logical that doctors who treat pain, ought also to actively seek out depression and deal with it.

Historically, antidepressants like amitriptyline and trazadone have been utilized to promote sleep—another problem created by chronic pain. Simultaneous lessening of depression is a bonus.

Recently the FDA has approved duloxetine (Cymbalta) for use as a treatment for pain (in addition to fibromyalgia and depression).

Hence, we are making an effort to determine which of our pain patients have depression. We use the Physical Health Questionnaire (IPHQ-9) which asks about the patient's experience of 9 characteristics of depression.

If the score is high, we will adjust your medications to include more antidepressant.

In addition, sometimes psychologists can be of help. Their focus with chronic pain is on the future rather than the past. In other words, "let's look at what you can do in the future, rather than what all you have lost in the past due to your injury or illness."

Finally, our hope is that, by treating the depression component of chronic pain, the doses of opioids can be reduced. This not only lessens side effects (nausea, constipation, mental confusion, etc), but also saves money. Take a look at some numbers from GoodRx.com (we're listing the 2 lowest local one-month prices and pharmacies...note from GoodRx.com that sometimes the costs are 3-5 times higher than these, and that no one pharmacy is cheapest for all medications):

- Cymbalta (duloxetine) 60mg/d \$18.65 Safeway, \$20.36 Fred Meyer
- Elavil (amitriptyline) 75mg/d \$4 at WalMart, \$8.15 at Fred Meyer
- Oxycontin 40mg twice daily \$230.92 at Walgreens, \$413.07 at Target
- Oxycontin 20mg twice daily \$138 at WalMart, \$170 at Safeway



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.

- Oxycontin 10mg twice daily \$77.06 at Walgreens, \$92.96 at Safeway
So, if one can cut the Oxycontin dose in half by spending \$4 to \$22.65 per month on amitriptyline without or with duloxetine, he/she can save \$55 to \$92 (lowest cost pharmacy, and much more at higher-cost drug stores). Similar savings occur from reducing doses of long-acting hydrocodone, hydromorphone, fentanyl, oxymorphone, and morphine, as well as short acting opioids.