



Home Study Activity With Podcasts

Clinical Decision Points:
Profiles in Patient Care for Nurse Practitioners and Physician Assistants
Based on a Series of National CME/CE Symposia

Q&A: Chronic Pain

What Your Colleagues Around the Country Want to Know...

Q: Are opioids appropriate for chronic pain patients who are pregnant?

A: Opioids may be the safest available option for pregnant patients. The dose of the opioid should be titrated down to the lowest acceptable amount, and the mother should be advised that the newborn baby may need detoxification following birth.

Q: Is the use of methadone appropriate for treating chronic pain in older adults?

A: Compared to other opioids, methadone has a very long half-life (20-35 hours; range 5-130 hours)¹ and therefore requires slower titration. Dose adjustments should be limited to once per week. As methadone is excreted through the kidneys, methadone may not be appropriate for older adults as they have slower renal clearance; the dosing regimen should be reduced to minimize the potential for toxicity.¹

Q: Do opioid side effects such as drowsiness and mental cloudiness make it unsafe for a patient on long-term opioid therapy to drive a car?

A: If a medication or medical condition impairs an individual's cognitive and/or psychomotor skills, they should not operate machinery, including cars. Mental cloudiness and/or drowsiness are 2 side effects associated with opioids that could cause a reduced ability to drive safely. However, with the exception of constipation, opioid side effects attenuate as tolerance to opioids builds.² Therefore, most opioid-tolerant patients are able to drive safely. When prescribing opioids, clinicians should clearly communicate the possible side effects associated with opioid use, but also explain that typically side effects subside as the body develops opioid tolerance. Clinicians should also document the instructions given, as well as conduct ongoing assessments of potential opioid side effects at each visit.



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Q: Under which conditions, and how can an opioid be discontinued safely?

A: Just as the average patient with diabetes or hypertension is not taken off insulin or blood pressure medications once the patient is stabilized, a patient with chronic pain should continue using opioid(s) if the patient is adhering to therapy and achieving good pain relief. Under the right conditions, opioids are safe to use long term. Unlike anti-inflammatory agents, opioids do not cause end-organ toxicity.³ However, for patients who do not derive appropriate analgesia from opioids following dose titration and/or opioid rotation(s), another analgesic class or alternative intervention may be more appropriate. Aberrant behavior warrants discontinuation of opioids, as well. When discontinuing therapy, decrease a patient's opioid dose by 25% every 1 to 2 weeks. A slow reduction in the opioid dose will best manage and minimize the withdrawal symptoms. Additional medications such as the alpha adrenergic blocker, tizanidine, or clonidine may help minimize withdrawal symptoms.⁴⁻⁶ The new strategy should be communicated with the patient before implementation.

References

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