

## **Questions and Answers from 'Pain and Addiction' Webinar (W. Lorman)**

Do we know the percentage of healthcare workers with addiction?

The literature references anywhere between 10% and 20% of healthcare workers have a current, active addiction.

any recommendations for pain control in a patient with history of addiction, has been stable on low dose Suboxone. Injured back and hand and nothing seems adequate by his report for pain control

If you are considering use of a full-agonist opiate, then the patient must be off the Suboxone in order for the opiate to work. Other considerations include use of Lidocaine patches or amitriptyline cream. Also, the benzodiazepines are very good at muscle relaxation – but obvious care must be taken. Other medications that have muscle relaxant (rather than analgesic) properties can also be used.

For the green population, would you ever consider an infusion with ketamine with fentanyl and versed?

NO!

Thank you for your presentation. What particular strategies do you suggest for patients who are in recovery from addiction to alcohol or opiates and concerned about necessary opiate use?

Assure that there are good support systems in place and have a responsible person administer the medication. Additionally, pain medication in opiate-addicted populations require the use of medication on a scheduled basis rather than prn.

Under the Cognitive Deficits Model slide early in the presentation, one line reads, "Opiates apparently damage the PFC itself." Does this occur in all patients, and if not, which ones?

Damage – whether reversible or not – is based on a number of factors including chronicity and severity of use.

how do you recommend "confronting" patient with aberrant behaviors??

In a neutral, direct fashion. Be sure you have the facts. Let the patient know that you must be able to trust him/her and you will institute additional precautions/restrictions to insure your continued work together.

Is it reasonable to taper pts OFF opioids if their average pain level is only 3-4/10?

(Doesn't seem this level of pain should require opioids.)

Yes. In fact, there are revised guidelines coming out soon basically stating that opioids should be a last resort, not a first line treatment option for non-malignant pain.