Objectives

- Brief review of The James OP Palliative Clinic as it dovetailed with the opioid epidemic.
- Review of ASCO Clinical Practice Guidelines Management of Chronic Pain in Adult Survivors of Cancer
- Discuss Non-Pharmacologic Modalities for chronic pain management with cancer survivors.
The James OP Palliative Medicine Clinic

- Conversion in 2005 to Palliative
- Primarily Pain and Symptom management
- Advance Directives and Goals of Care
- 2 Physicians, 2 NPs, 1SW, 1PharmD, 3 RNs, 1PCA, 1Psychologist
Overdose Deaths Involving Opioids, United States, 2000-2016

Statistically significant drug overdose death rate increase from 2015 to 2016, US states
OHIO Opioid Prescribing, 2011-2016

Figure 6. Opioid Solid Doses Dispensed to Ohio Patients, by Year, 2011-2016

Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.
Addiction

- Chronic neurobiologic disease characterized by behaviors of compulsive use, impaired control over use, continued use despite harm, & cravings.
- Impaired function
- Goal to obtain medication to relieve physical effects of craving
Dependence

- State of adaptation; class specific withdrawal symptoms from abrupt discontinuation or reduction in dose or drug blood level
- Wean doses over time
- Physical Dependence does not equate to addiction.
Tolerance

- State of adaptation in which long exposure results in diminution of one or more of the drug’s effects
- More common with chronic pain
- Consider opioid induced hyperalgesia (an exaggerated sense of pain)
- Treat:
  - lower opioid doses
  - NMDA receptor trial
Risk Assessment for Opioid Initiation

- Consider non-pharmacologic therapies alone or in combination with opioids
- Consider non-opioid therapies such as NSAIDS or Acetaminophen or other adjuvant analgesics such as antidepressants, anticonvulsants for neuropathic pain, or topical analgesic compounds
- Consider an Opioid Abuse Risk Screening Tool (ORT)
Universal Precautions for Opioid Use

- Review state prescription drug monitoring program (OARRS) for controlled substance use
- Baseline Urine Drug Testing followed by minimally annually and PRN
- Avoid opioids and benzodiazepines concurrently when possible.
- Consider a controlled medication management agreement.
Risk of Opioid Abuse Assessment

- Consider validated screening tool
  - SOAPP-R
  - COMM
  - PDUQ

- Determine Risk Level—Low, Moderate, High

- Decision to prescribe opioids
Minimize Risk

- Optimize adjuvants, non-pharmacologic and interventional modalities, & psychosocial support

- Monitor 5 A’s
  - Analgesia
  - Adverse Effects
  - ADLs
  - Affect
  - Aberrant Behavior

- Respond to aberrant behavior
ASCO Chronic Pain in Survivors of Adult Cancers
Non-Pharmacologic Interventions

The James OP Palliative Medicine Clinic

- Conversion in 2005 to Palliative
- Primarily Pain and Symptom management
- Advance Directives and Goals of Care
- 3 Physicians, 4 NPs, 1SW, 1PharmD, 5 RNs, 1PCA, 1 PharmTech
- Survivorship Clinic-Oncology PT/OT; PMR; Psychosocial-Oncology; Massage; Acupuncture; Music & Art Therapy
- Integrative Medicine
- FY 2017 4,044 visits
- FY 2018 July-April 4,290 visits
Non-Pharmacologic Modality - PMR/Interventional

- Physical/Occupational Therapy
- Individual Exercise Program
- Nerve blocks
- Neuraxial Infusions (epidural/intrathecal)
Non-Pharmacologic Modality-Psychological

- Cognitive Behavioral Therapy
- Mindfulness
- Relaxation/Guided Imagery
Non-Pharmacological Modality-Integrative

- Massage
- Acupuncture
- Music
- Yoga
## Synthesis Table

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<thead>
<tr>
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<th>Yoga</th>
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<tbody>
<tr>
<td>Lyman, et al., 2018, SICO CPG, JCO, 36(25), 2647-2655 (A)=high certainty net benefit-substantial; (B)=high to moderate certainty net benefit-moderate to substantial; (C)=selectively offer or provide based on clinical judgment or patient preference</td>
<td>Ex &amp; PT improved pain small significant; improve physical function; rec moderate</td>
<td>Acupuncture reduce anxiety, mood disturbance, depression, fatigue, pain, QOL (C)</td>
<td>Massage reduce anxiety (C), mood disturbance (B)</td>
<td>Yoga reduce anxiety, mood disturbance, depression, QOL (B), fatigue, sleep (C)</td>
<td>Music Therapy reduce anxiety, mood disturbance (B), pain (C)</td>
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<tr>
<td>Paice, et al., 2016, ASCO CPG, JCO, 34(27), 3325-3347 (MA=meta-analysis, SR=systematic review)</td>
<td></td>
<td>Acupuncture improved pain (2MA, 3SR) benefits outweigh harm; rec weak</td>
<td>Massage improved pain (2MA, 3SR); benefits outweigh harm; rec weak</td>
<td></td>
<td>Music pain improve weak; benefit outweighs harm, rec weak</td>
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<td>Mustian, et al., 2012, Ex Recom, Oncol Hematol Rev, 8(2):81–8</td>
<td>Mod intense aerobic (55-75%MHR or RPE11-14) 10-90m 3-7d/wk; Mod intense resist ex (3d/wk progress to 2-4 sets of 8-15 reps), include stretching; Mindful based (Tai Chi) improve QOL, sleep, reduce stress, improve mm strength, improved cognitive function</td>
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<td>Peppone, et al., 2015, Breast Cancer Res Treat, 150, 597-604,(YOCAS®) BrstCA Al(95) TAM(72) R StdCare vs Std Care w 4wk yoga2x/wk/75m (207-2010)</td>
<td>(breathing, 18 gentle Hatha &amp; restorative postures, meditation) reduce general pain, muscle aches &amp; physical discomfort (measure URCC SI, FACIT-F, MFSI-FS)</td>
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<td>Mustian, et al., 2013, J Clin Oncol 31:3233-3241(YOCAS®)</td>
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<td>410 brst ca survivors; improved sleep quality, (measure PSQI)</td>
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<td><strong>Hershman, et al., 2018, JAMA, 320(2), 167-176</strong> (11 acad centers, R true acupuncture-110; Sham Acup-59; waitlist control-57)</td>
<td>Post-men women, early Brest Ca, AI arthralgias; 6 &amp; 12 wk BPI-WP score reduced 2 points (av pain) true acupuncture; 1.07 points sham; .99 points waitlist; true vs sham (95%CI, 0.20-1.65; P = .01); True vs waitlist (95% CI, 0.24-1.67; P = .01)</td>
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<td><strong>Shin, et al., 2016, Cochrane</strong></td>
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<td>Massage with or without aromatherapy 19 studies, total 1274 participants, very low quality evidence reduce pain, anxiety, improve QOL; uncertain to high risk of bias</td>
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The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

The James
Stretch Break

Yoga
Questions and Answers