

In Pain? Talk to Your Doctor and Dentist Before Opioids Are Prescribed



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Short Communication



Figure 1.

(Figure 1) Louise Stanger is a speaker, educator, social worker, clinician, and interventionist who uses an invitational intervention approach to work with complicated mental health, substance abuse, chronic pain and process addiction clients. As a licensed clinical social worker, family interventionist and an addiction expert, I'm always on the hunt for research, advice and news from other healthcare experts. As such, I recently read an outstanding column by a practicing anesthesiologist that sheds new light on the opioid epidemic.

In the article, Dr. Anita Gupta discusses how opioids can be an effective treatment for pain management after surgery, however, long-term use can have devastating consequences on the patient. In addition, opioids can be very addictive. So Gupta and many doctors like her are finding alternative forms of pain management. On the patient side, it's common for folks like you and me to simply accept the recommendations of a doctor. Most aren't well-versed in talking to their doctor about pain management plans that go beyond opioids. I tend to anoint my docs with the glow of all-knowing and I assume they know best when it comes to prescribing. Well that is until I and the rest of the world became acutely aware of the opioid crisis.

Despite the medical community's best efforts, opioids are the most common form of pain treatment with more than 259 million prescriptions written each year. That is enough for every adult in the United States to have a bottle of pills or enough to cover 3 football fields. As such, the misuse

and abuse of opioid pain relievers—such as hydrocodone, oxycodone and fentanyl, etc.—has reached epidemic and some argue pandemic proportions (Figure 2). In fact, opioid prescriptions per capita increased 7.3% from 2007 to 2012, with opioid prescribing rates increasing more for family practice, general practice, and internal medicine compared with other specialties, reports the CDC. And an estimated 20% of patients presenting to physician offices with noncancer pain symptoms or pain-related diagnoses (including acute and chronic pain) receive an opioid prescription.



Figure 2.

In addition to opioids, benzodiazepines are among the most administered prescription drugs in the country. Typically given for anxiety or insomnia, these drugs come in the form of Xanax, Ativan, Klonopin and Restoril, which prescriptions for increased 67 % from 1999 to 2016 while the dosage of those prescriptions for the general public more than doubled. When these benzodiazepines drugs are taken in combination with opioids and/or alcohol, which are all depressants, their effects multiply (i.e. synergetic effect) and can have a deadly effect on the user. Former FDA commissioner Robert Califf says, "it is nothing short of a public health crisis when you see a substantial increase of avoidable overdose and death related to two widely used drug classes taken together."

Although retrieving a prescription for opioids or benzodiazepines is quite common, most patients use the drugs appropriately. However, patients who experience chronic pain,

a term that is defined as pain that lasts longer than three months or the normal time for human tissue to heal, is at the heart of the pain pills addiction problem. Chronic pain can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or an unknown cause. Although chronic pain varies in the population, an analysis of data from the 2012 National Health Interview Study showed that 11.2% of adults report having daily pain.



Figure 3.

Prevention, assessment, and treatment of chronic pain are challenges for health providers and systems. Patients can experience persistent pain that is not well controlled. There are clinical, psychological, and social consequences associated with chronic pain including limitations in complex activities, lost work productivity, reduced quality of life and stigma. And it's up to the health provider to emphasize the importance of appropriate and compassionate patient care (Figure 3).

In addition, depression, anxiety and relational difficulties are commonplace with chronic pain. As a social worker and interventionist, I believe patients must receive appropriate pain treatment based on a careful consideration of the benefits and risks of treatment options. Still, I have seen and heard countless stories of doctors and patients using only opioids to treat chronic pain and addiction ensues. So if you find yourself in excruciating pain from root canal, wisdom teeth removal, a slipped disc, knee or hip replacement, migraines, fibromyalgia, colitis, etc. the best thing you can do is talk to your doctor or dentist about ways to manage the pain beyond opioids. According to Dr. Gupta, here is a guide to help you have that conversation.

Start with these questions

A. Why am I being prescribed Opioids?

- a) Ask your doctor if other pain relief methods might be effective.
- b) If you and your physician decide opioids are the best option, ask how long you should take them. In most cases, opioids are most beneficial for short-term moderate to severe pain – such as a few days after surgery or an injury. If you continue to have pain, ask your physician about alternatives.
- c) Recall the 2016 University of Alabama research findings that said taking opioids for more than 10 days or having 2 prescriptions of opioids for 10 days gives the user a 20 percent chance of becoming addicted.

B. How do opioids interact with the other drugs I am taking?

- a. Our doctors are not psychics and they must know what other drugs one is taking and doing. Be sure to talk about natural supplements, edibles & marijuana, heart medication, insulin for diabetes, benzodiazepines, and alcohol quantity and frequency in your discussion.

C. Can opioids affect my quality of life?

- a. Opioids have many side effects, ranging from severe constipation, mental foggy and nausea to depression. One may become “exhausted, cranky, depressed, constipated and gaining weight on opioids.” Opioids can affect relationships with others. Your doctor can give you all the facts related to quality of life while on opioids.

D. What is opioid-induced hyperalgesia?

- a. OIH is defined as a state of nociceptive sensitization caused by exposure to opioids. The condition is characterized by a paradoxical response whereby a patient receiving opioids for the treatment of pain could actually become more sensitive to certain painful stimuli. The type of pain experienced might be the same as the underlying pain or might be different from the original underlying pain. In layman's terms the opioid you are taking makes you think and feel that the pain is much worse than it is. It is the opioid drug causing the pain, not what originally happened to you.

E. What might be my concerns about taking opioids – or stopping them?

With the media attention surrounding opioid risks, many people feel conflicted about taking them. They may:

- a) Worry they are being judged by others
- b) Worry about hyperalgesia
- c) Worry about developing a dependence or addiction and/or potentially overdosing
- d) Fear they won't be able to control their pain if they stop taking opioids.
- e) Do I need to have naloxone (the drug that reverses overdoses) in my home?

It's important to talk to your doctor if you have these concerns or others.

What are some other methods I might use to help with my chronic pain?

- a) Being Assessed and evaluated by a Pain Recovery Expert. Visit Driftwood Recovery for more information.
- b) Assessing the efficacy of entering a Pain Recovery Program.

- c) Mindful meditation, deep breathing and relaxation. Use of such apps as Headspace for Chronic Pain and Evernote for Depression and Pain
- d) Injections or nerve blocks as indicated by your doctor
- e) Physical therapy (ex. Aquatic Therapy)
- f) Adventure Therapy
- g) Acupuncture
- h) Mindfulness Meditation
- i) Deep Breathing Exercises
- j) Cognitive Behavioral Therapy
- k) Biofeedback
- l) Electrical Stimulation
- m) Surgical Procedures

If you are in pain, talk with your doctor, dentist or a licensed clinician such as myself and explore solutions to find pain relief. As prescribers of opioid pain medications, doctors

and dentists are well positioned to help keep these drugs from becoming a source of harm. Towards that end, The American Society of Addiction Medicine has developed several resources including the Use of Medications in the Treatment of Addiction Involving Opioid Use. The ASAM website also includes a Physician Guideline and a Patient Pocket Guide for Opioid Addiction Treatment: A Guide for Patients and Friends.

Likewise, dentists through the American Dental Association are joining other medical professionals in being visible and vocal about the "Turn the Tide Pledge," a national medical practitioner movement to turn the tide against the overwriting of prescriptions. In addition, visit the ADA for more information and resources about dentists committing to cutting back on prescription. Whether you are a social worker like me who works with people who experience addiction as a result of chronic pain or a consumer, asking questions is always the right thing to do. It comes down to personal responsibility for looking after one's health and it's important to explore all options. As we have tragically learned addiction often starts with a prescription. Just don't let that prescription be yours!



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