Opioid Safety and Pain Management

in the Dental Office
Overview & Approach
Howard J. Pactovis, D.M.D.

Opioid Safety and Pain Management

Side Effects of Opioids
- Respiratory depression
- Nausea / vomiting
- Urinary retention
- Mental clouding
- Tolerance / dependence
- Ileus
- Sedation**
- Cough suppression**
- Constipation**
- Pruritus (itching)
- Euphoria

**May be desirable effects

What is Pain?
An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Reality = pain is what the patient says it is!

Factors in Assessment of Pain
- Physical
- Emotional
- Social
- Genetic
- Age
- Cultural

Pain Assessment is NOT
- Relying on changes in vital signs.
- Decision that patient “does not look in pain”.
- What you think about the pain caused by a procedure or disease.
- Assumption that a sleeping patient does not have pain.
- Assumption that a patient will tell you they are in pain.
Types of Pain

- **Nociceptive**
  - Somatic
    - Bones
    - Joints
    - Connective tissues
    - Muscles
    - Organs: heart, liver, pancreas, gut, etc.
  - Visceral

- **Neuropathic**
  - Deafferentation
  - Sympathetic Maintained
  - Peripheral

Acute Pain

- A response to injury or illness
- Time limited
- Usually responsive to treatment
- Inadequate treatment delays recovery

In addition, chronic pain is estimated to affect 15% to 20% of children.

*(Goodman & McGrath, 1991)*

Inadequate Pain Treatment may lead to:

- Lost productivity
- Excessive healthcare expenditures
- Domestic and occupational problems
- Increased thoughts and risk of suicide

Pain Management

**GOALS**

1. Pain reduction
2. Improved functioning
3. Improved quality of life

Treatment Goals are **SMART**

- Specific
- Measurable
- Achievable
- Realistic
- Time based
Family members may be part of the pain management team.

Keep in mind with family members:
- Strict adherence to HIPAA privacy policies
- Other ethical boundaries and risks
- The risks of medication diversion

P-Q-R-S-T Format
- **Provocation**: How the injury occurred & what activities ↑ the pain.
- **Quality**: characteristics of pain: aching, burning, sharp, radiating
- **Referral/Radiation**: Referred → site distant to damaged tissue that does not follow the course of a peripheral nerve.
  Radiating → follows peripheral nerve; diffuse.
- **Severity**: How bad is the pain? Use pain scale.
- **Timing**: When does the pain occur? p.m., a.m., before, during, after activity, all the time?

Pain Assessment Scales
- Visual & Numeric Analog Scales
  - **None** ← → **Severe**
  - **0** ← → **10**
  - Locate pain on a picture.
  - McGill Pain Questionnaire

Factors that Affect Pain Assessment
- Developmental stage
- Chronological age
- Cognitive ability
- Emotional status
- Cultural influence

OPQRST-ASPN System
- **Onset of Problem**
- **Provocative / Palliative factors**
- **Quality**
- **Region / Radiation**
- **Severity**
- **Time**
- Associated symptoms
- Pertinent negatives

Infants
- **Neonatal Infant Pain Scale (NIPS)**
- **CRIES**:
  - Crying
  - Requires oxygen to maintain sat > 95%
  - Increased vital signs
  - Expression
  - Level of sleep
Children 1 – 7 Years

- CHEOPS (Children’s Hospital of Eastern Ontario Pain Scale):
  - Cry
  - Facial
  - Child verbal
  - Torso
  - Touch
  - Legs

Children > 3 years

Wong-Baker FACES Scale

0 = No hurt
1 = Hurts little bit
2 = Hurts little more
3 = Hurts even more
4 = Hurts whole lot
5 = Hurts worst

Adult Pain

“Ten Scale” most common
(many times an 11 point scale)

0 = No pain
10 = Worst pain imaginable

Pharmacologic Options

✓ Anti-inflammatory analgesics
✓ Opioid analgesics
✓ Antidepressant therapy
✓ Muscle relaxants

Tolerance

A normal physiological phenomenon in which increasing doses are required to produce the same effect.
Physical Dependence

A normal physiological phenomenon in which a withdrawal syndrome occurs when an opioid is abruptly discontinued or an opioid antagonist is administered.

Dependence & Addiction

A pattern of drug use characterized by a continued craving for an opioid which is manifest as compulsive drug-seeking behavior leading to an overwhelming involvement in the use and procurement of the drug.

Tolerance

"...is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug’s effects over time."

American Academy of Pain Medicine, 2001

Addiction

✓ Loss of control over drug use
✓ Compulsive use
✓ Continued use despite harm to self and/or others
✓ Physical and psychological craving

American Pain Society
www.ampainsoc.org

American Academy of Pain Medicine
www.painmed.org
Schedule I
No medical use.
(heroin, marijuana, LSD, peyote, etc.)

Schedule II
High Abuse Potential
(opium, morphine, codeine, hydromorphone, methadone, oxycodone, cocaine, amphetamine, PCP)

Schedule III
Less Abuse Potential than II
(certain narcotic analgesic drugs, and other drugs such as barbiturates and GHB.)

Schedule IV
Less Abuse Potential than III
(barbital, phenobarbital, chloral hydrate, diazepam)

Drug Schedules
✓ Refills for Schedule II drugs are not permitted.
✓ Refills for Schedule III, IV, and V drugs are permitted. 5 refills max
No refills over the phone or for someone else’s patient.

Fast Facts
#1 Critical components for pain assessment
#2 Types of pain
#3 World Health Organization’s Step Ladder
#4 General guidelines for analgesic orders
#5 Dealing with neuropathic pain
#6 Dentist-physician communication
#7 How to increase an opioid dose
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The Academy of Dental Learning & OSHA Training

(800) 522-1207 CESupport@DentalLearning.org

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