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Managing Patient Risk

BY DEBRA NELSON-HOGAN, DIRECTOR OF EDUCATION AND EDITOR OF *THE PAIN PRACTITIONER*

It's getting more and more difficult to pick up any pain management journal and not find the subject of opioid prescribing jumping off of the pages. Pain conferences and other continuing education activities have continued to make managing risk of addiction a central theme, and we are right in there with the best of them. A full-day track at our Annual Clinical Meeting explored proper prescribing, and we will include a monograph to support that program in the next issue. Executive Director Lennie Duensing spent a great deal of time and energy this year at FDA hearings and as part of a task force to make sure that people get the care they need and deserve, and often that includes opioid therapies and the attendant discussion of risk assessment and toxicology, the theme of this issue.

We divided the topic into three main feature articles:

Geralyn Datz, PhD, skillfully takes us through *Psychological Assessment for the Prevention of Misuse in Opioid Therapy*. She notes that "The reality of prescribing opioids to patients with chronic pain in today's healthcare environment is complex.... It can be difficult to balance the risks of prescribing with the realities of refractory pain, personal comfort level, and patient behavior.... Psychological assessment offers one promising avenue to detecting and balancing these risks."

Gary Reisfield, MD, takes us through the *Pitfalls in Urine Drug Test Interpretation* in his article which begins on page 16. He advises of that the consequences of misinterpretation can be serious. "Under-interpreting' drug test results can delay the diagnosis and treatment of abuse and addiction—diseases that are most effectively addressed early, before serious and sometimes irreparable damage is done. 'Over-interpreting' drug test results can damage or end the current physician-patient relationship, prejudice future physician-patient relationships, and deprive patients of beneficial treatment for chronic pain."

To tie it all together, in late summer, I went to Vermont at the invitation of Academy member Steve Mann, PhD, who wanted me to see how a "virtual interdisciplinary team" can work. Over breakfast, Dr. Mann, Todd Lekfoe, MD, Robert Giering, MD, and Andrea Larson, PA-C, discussed the challenges of treating and managing people who suffer chronic pain in a state whose generous government programs, compared to other states, makes Vermont a "destination for the indigent disabled." They discussed how they effectively monitor high-risk patients in an area where addiction rates are high and treatment sources are limited by, as Dr. Giering said, "systematically using opioid risk screening on virtually every patient, prescribing opioids in limited quantities, and monitoring closely. We use strict opioid agreements and we stick to them. We follow the recent APS/AAPM opioid prescribing guidelines closely, and we use opioid prescribing limits." However, a more substantial part of the interview focuses on managing other risks, such as inter-generational disability and the types of patients who are at risk of not getting better and this is where the team believes an interdisciplinary approach is essential. As Dr. Giering said, "We assess people for their risk of non-recovery. We try and help those who are at risk of becoming professional patients and being bounced around the system. We try to keep them under one roof, or a couple of roofs, with a consistent message and get them better functionally."

To round out this issue, our departments offer a range of information and perspectives. The Photograph of Daily Activities Scale (PHODA) as a potential tool in clinical practice, particularly to assess pain-related fear and avoidance behavior in chronic low back pain, is ably described by Zina Trost, MS, and Christopher France, PhD. Lawrence Robbins, MD, Joseph Maides, DO, and Dmitriy Shmaryan review the Immune System and Headache, and Philip Getson, DO, shares his research on using low-dose ketamine to treat people who suffer from CRPS. ■



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