

Handout: Key Messages

1. Use non-opioid treatment as the first line for acute or chronic pain
2. If opioids are needed, start prescribing at the lowest effective dose
3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications
4. Ensure patients' safety by avoiding concurrent prescribing of opioids with other sedating drugs
5. Offer treatment for patients with Opioid Use Disorder (OUD), including medication-assisted treatment (MAT.)

1. Use non-opioid treatment as the first line for acute or chronic pain

FEATURE	BENEFIT
<p>Most acute pain gets better spontaneously</p> <p>Recent JAMA study showed that acute pain relief was no better when opioids were added to NSAIDs/Tylenol</p> <p><u>Other examples:</u></p>	<p>Patients will recover without being exposed to opioids</p> <p>Can offer patients effective treatment options without going to opioids</p>

2. If opioids are needed, start prescribing at the lowest effective dose

FEATURE	BENEFIT
<p>Most patients do not get increased pain relief with increasing doses of opioids, but do get increased physical dependence</p> <p>Opioid side effects keep increasing with dose</p> <p><u>Other examples:</u></p>	<p>Your patients can get just as good pain relief with less risk of developing a problem with opioid use</p> <p>Your patients will have a lower risk of constipation, falls, and other complications</p>

3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications

FEATURE	BENEFIT
<p>-PDMPs identify all filled opioid prescriptions within the past year</p> <p><u>Other examples:</u></p>	<p>You can treat patients who may need opioids with less concern about “doctor shopping”</p> <p>Can identify patients with problematic opioid use patterns and refer them to treatment</p>

4. Ensure patients’ safety by avoiding concurrent prescribing of opioids with benzodiazepines or other sedating drugs

FEATURE	BENEFIT
<p>Use of benzodiazepines together with opioids dramatically increases the risk of overdose</p> <p>Problematic use of benzodiazepines is also a public health concern (even if not as huge as opioids)</p> <p><u>Other examples:</u></p>	<p>You can reduce the number of overdoses among your patients and the larger community</p> <p>Being alert to this issue can create chance to talk to patients using excessive amounts of benzodiazepines</p>

5. Offer treatment for patients with Opioid Use Disorder (OUD), including MAT.

FEATURE	BENEFIT
<p>Buprenorphine (Suboxone) has been shown to help patients as an ongoing treatment</p> <p>MAT is the most effective treatment for OUD.</p> <p><u>Other examples:</u></p>	<p>Can get patients treatment without having to admit them to hospital or find an inpatient rehab with beds</p> <p>Your patients and their families may be more open to trying to treat this issue using a method that’s proven to be effective</p>

Handout: Barriers and Enablers

Discuss the enablers for each of the barriers to the key messages listed below.

1. Use non-opioid treatment as the first line for acute or chronic pain

BARRIERS	ENABLERS
Patients expect to receive opioids Other medications are less effective <u>Other examples:</u>	That is true, but with all the news stories about opioid overdoses it is more possible to explain the dangers to patients (maybe have a handout for patients also) Cite JAMA study mentioned above

2. If opioids are needed, start prescribing at the lowest effective dose

BARRIERS	ENABLERS
If I do a low dose the patient will come right back asking for higher dose We should not be withholding effective pain relief <u>Other examples:</u>	Higher doses usually don't lead to increased pain relief, but do cause more side effects Communicating to patients the balance between treating their symptoms and doing so safely can help build trust

3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications

BARRIERS	ENABLERS
I can't/don't know how to access the PDMP <u>Other examples:</u>	We can help you (cards, handouts, CDC resource on how to do this.)

4. Ensure patients' safety by avoiding concurrent prescribing of opioids with benzodiazepines or other sedating drugs

BARRIERS	ENABLERS
<p>Some of my patients are on benzodiazepines for psychiatric disease, I can't tell them to stop</p> <p><u>Other examples:</u></p>	<p>Recommendation is not to stop treatment for these patients, but to educate them about risk of using opioids, and avoid overdose</p>

5. Offer treatment for patients with Opioid Use Disorder (OUD), including MAT.

BARRIERS	ENABLERS
<p>Treatment is not available in my area</p> <p>Treatment doesn't work, patients go right back to using</p> <p><u>Other examples:</u></p>	<p>We can help connect you with (local resources, medication-assisted treatment options, etc.)</p> <p>It is true that persons with OUD may relapse, but many patients require multiple attempts to be successful</p>

Notes: