

Treatment of Pain in OUD Patients

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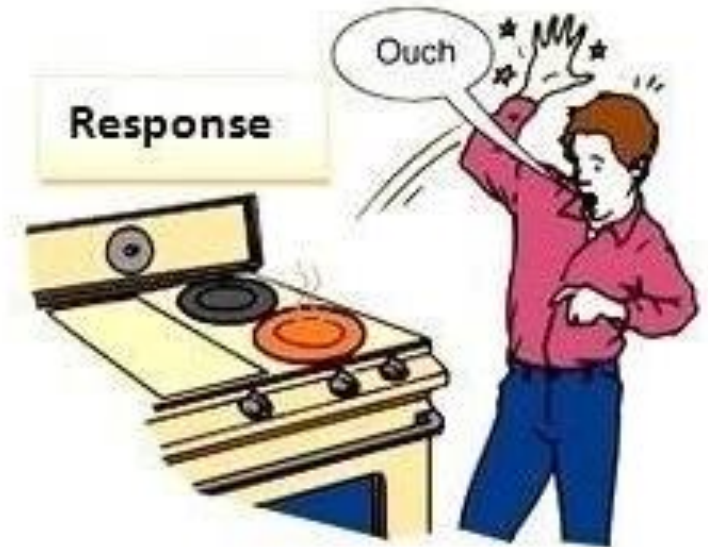
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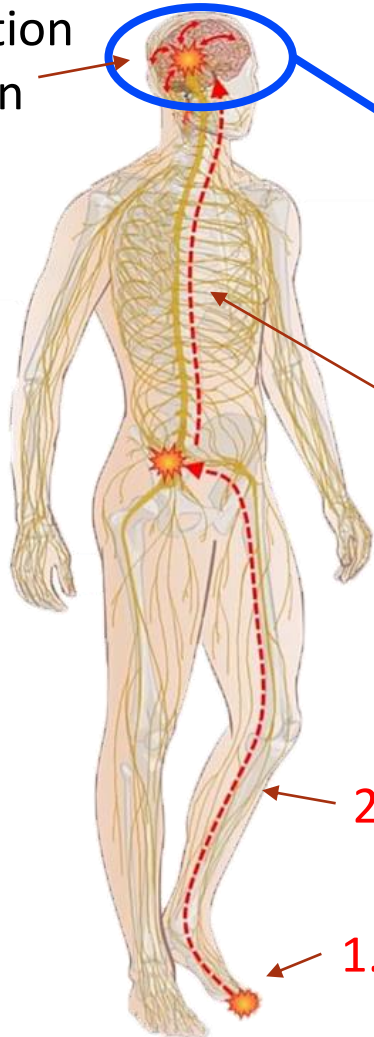
Pain Defined

- Pain is an aversive perception intended to shape behavior.
- Acute pain provides signals of injury which allow:
 - Protection of injured body parts
 - Learning about dangerous things to avoid
- Pain includes:
 - A perceived location on the body
 - A recognition that “this is pain”
 - A negative emotional experience
- Pain is supposed to resolve when healing has occurred
- Chronic pain = continued pain signals after healing



Pain Signaling Anatomy

4. Perception in Brain

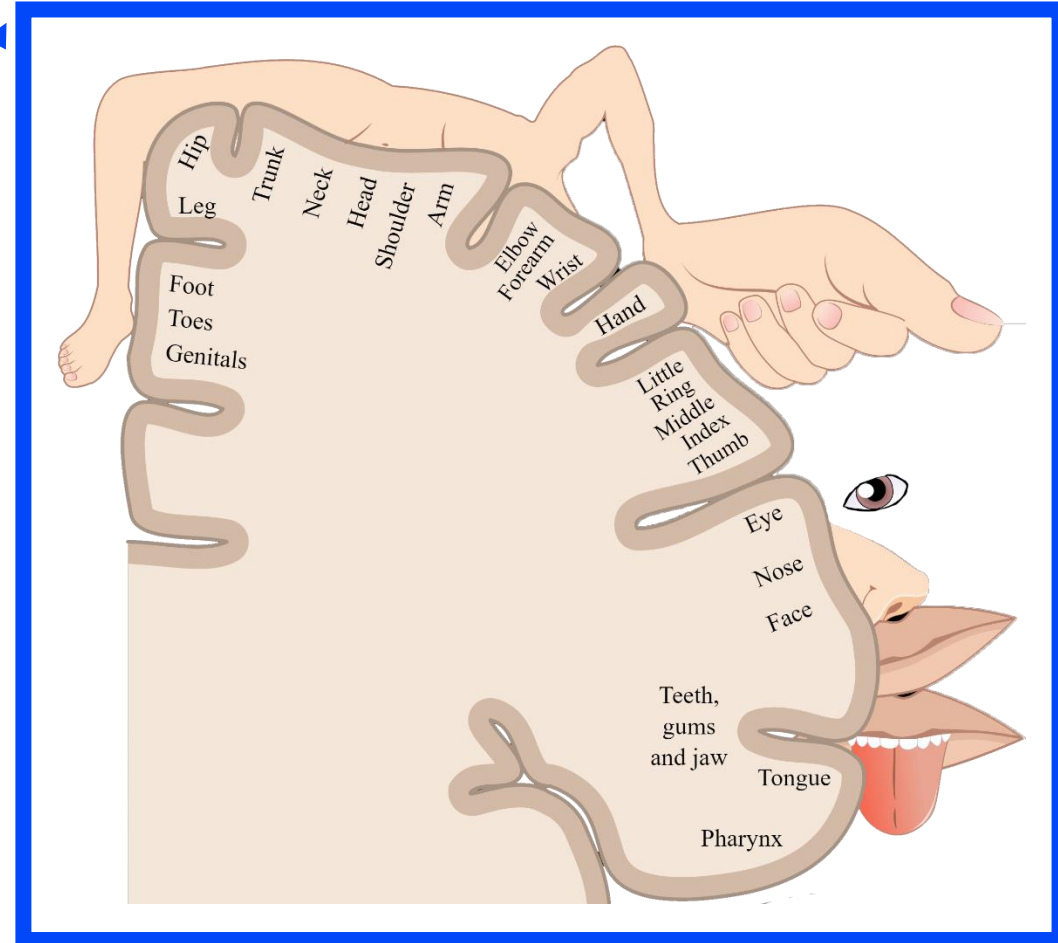


3. Spinal Cord to Brain

2. Peripheral Nerves

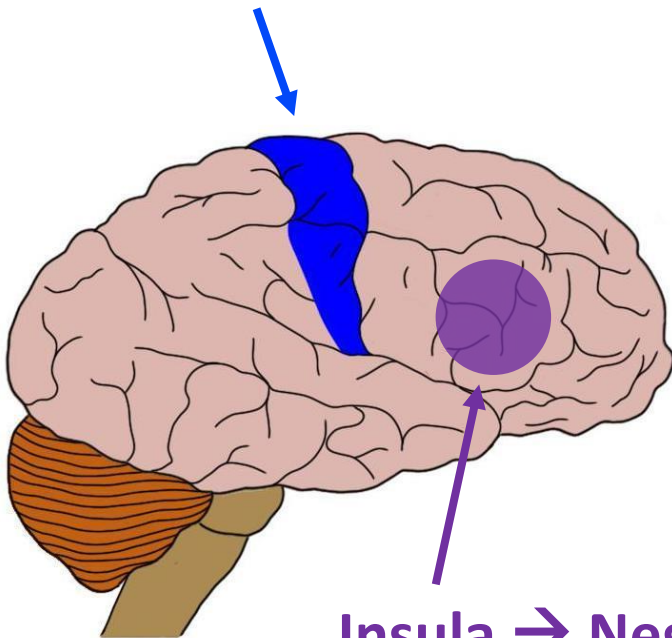
1. Pain Receptors

Somatosensory Cortex



Perception of Pain Has Multiple Components

Somatosensory Cortex → Where is Pain?



Insula → Negative Emotion with Pain

Injury to Insula

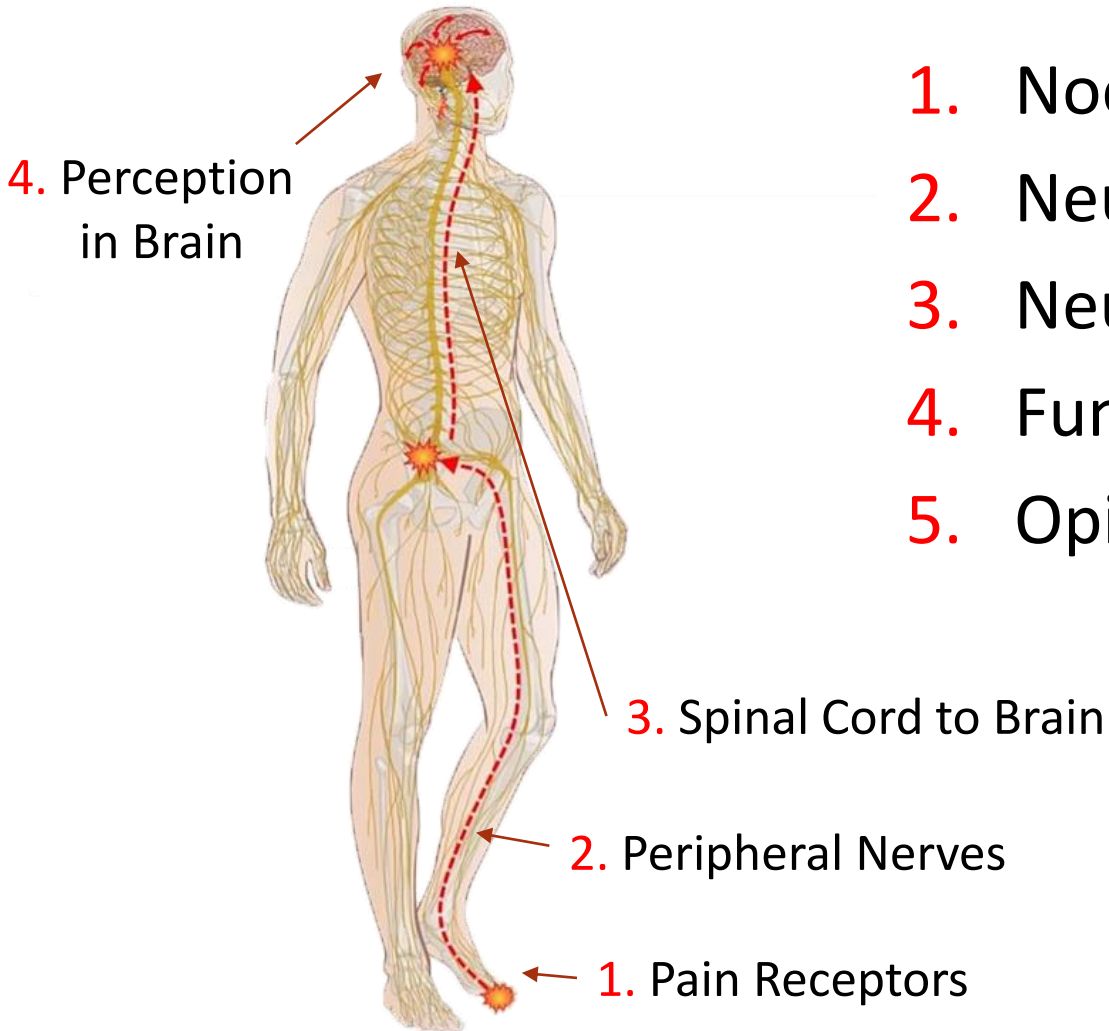
→ **Pain Asymbolia (Dissociation)**

→ Person can “feel” pain, but does not perceive it as unpleasant

→ No longer withdraw from painful stimuli

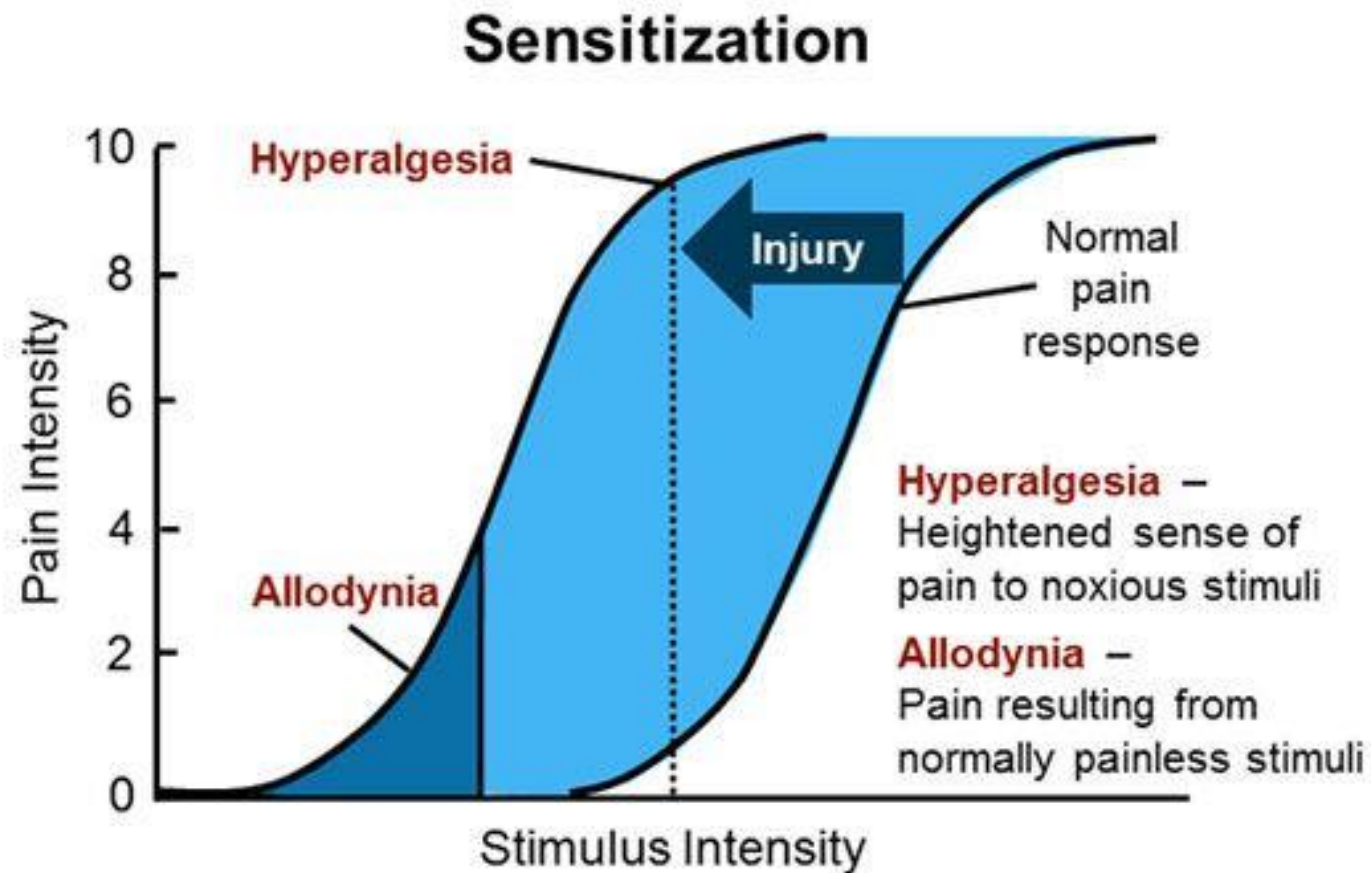
→ Can suffer extreme injuries

Differential Diagnoses of Pain Reporting

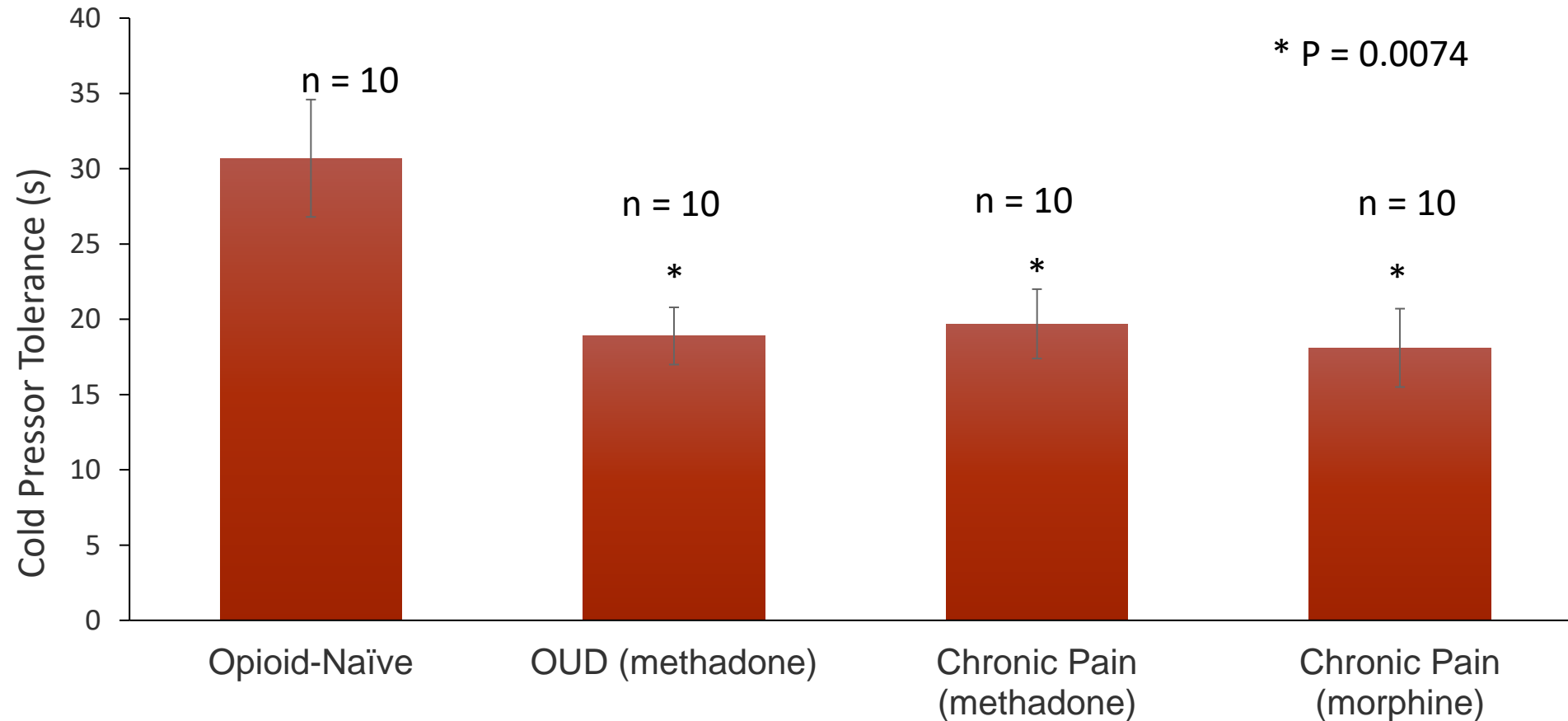


1. Nociceptive: arthritis
2. Neuropathic (Peripheral): diabetes
3. Neuropathic (Central): multiple sclerosis
4. Functional Pain Syndrome: conversion disorder
5. Opioid Use Disorder

Sensitization Leads to Altered Pain Perception



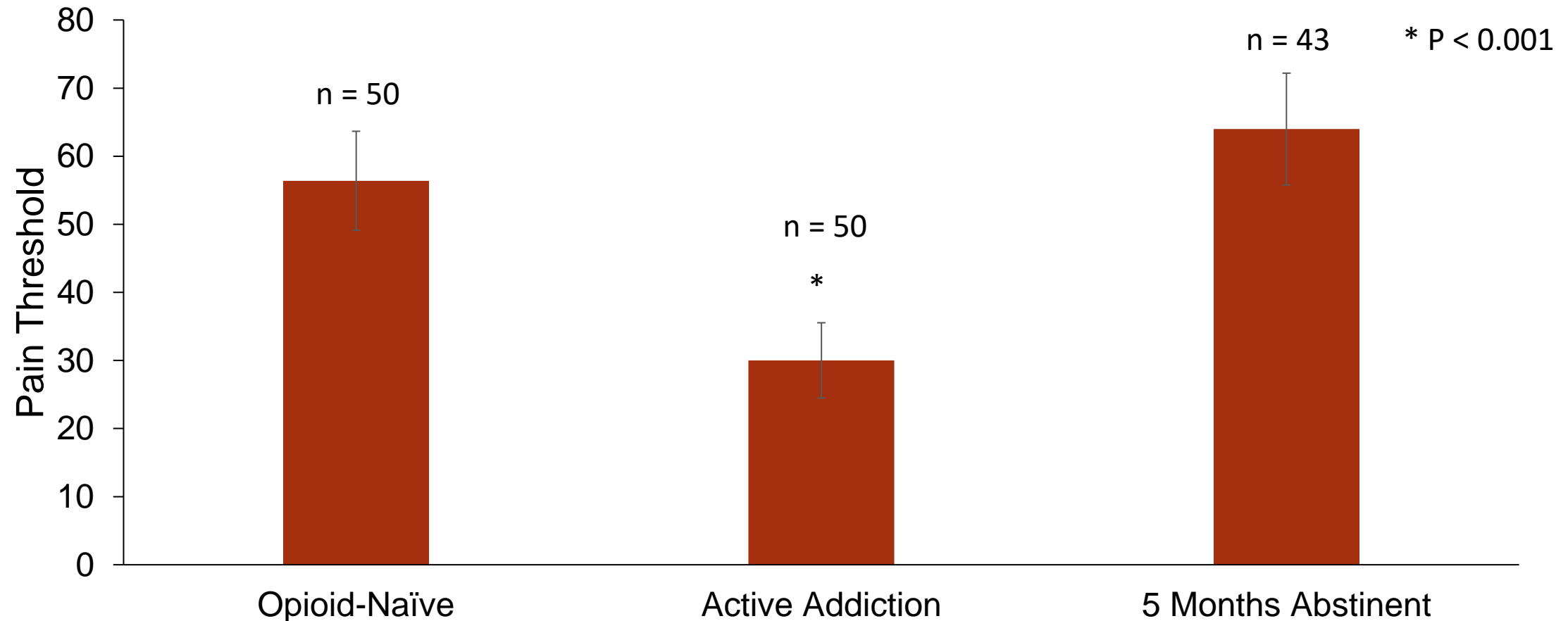
Chronic opioid therapy can lead to hyperalgesia



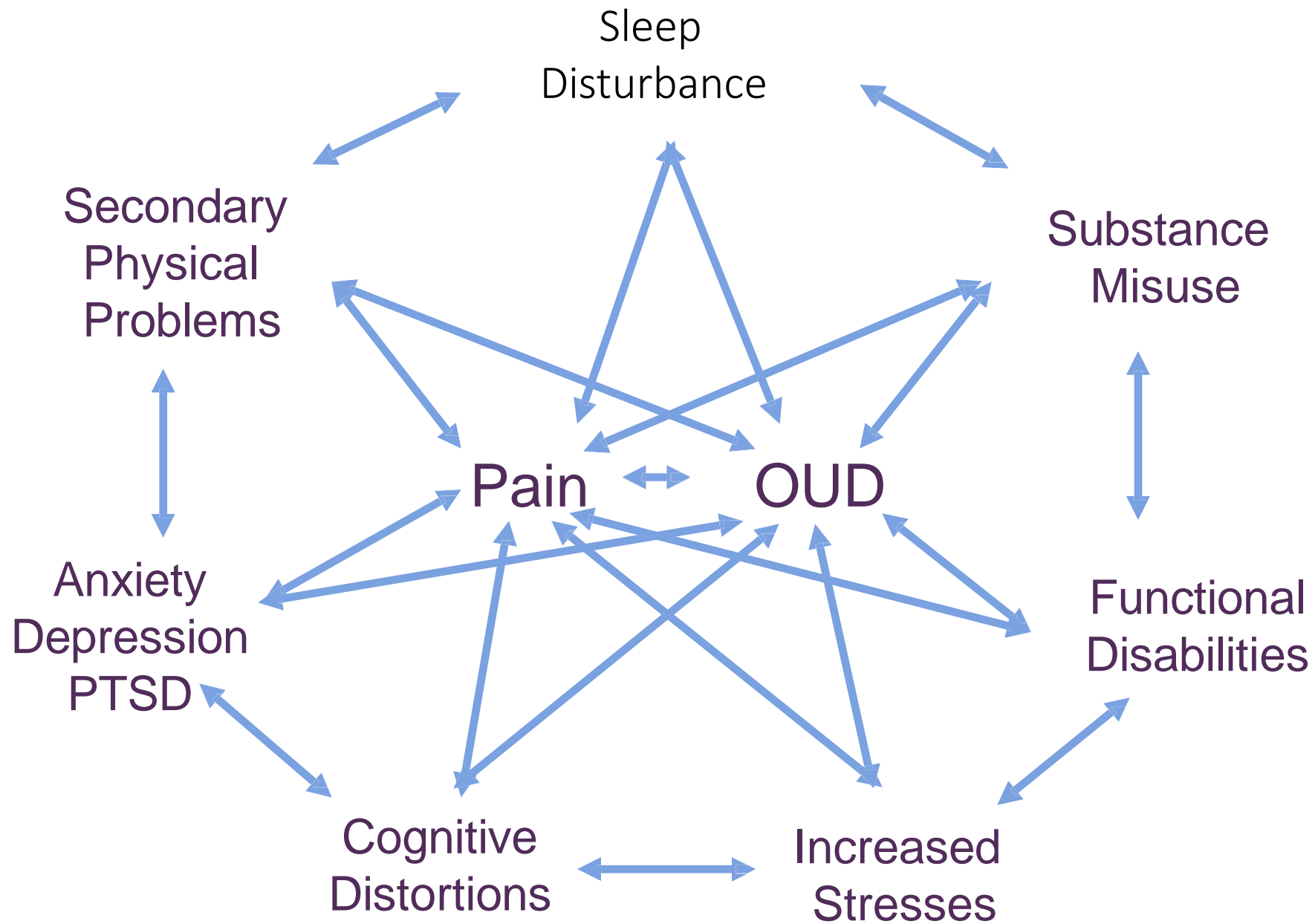
Hay JL, White JM, Bochner F, Somogyi AA, Semple TJ, Rounsefell B. Hyperalgesia in opioid-managed chronic pain and opioid-dependent patients. *J Pain*. 2009;10(3):316-22..



Pain Threshold is Higher in Patients with 5 Months of Abstinence Compared to Active Addiction



Treister R, Eisenberg E, Lawental E, Pud D. Is opioid-induced hyperalgesia reversible? A study on active and former opioid addicts and drug naïve controls. *J Opioid Manag.* 2012;8(6):343-9.



When OUD and pain co-occur they may reinforce one another. Need to address both to successfully treat pain.

Treating Pain in Patients with OUD

Acute Pain (new injury)

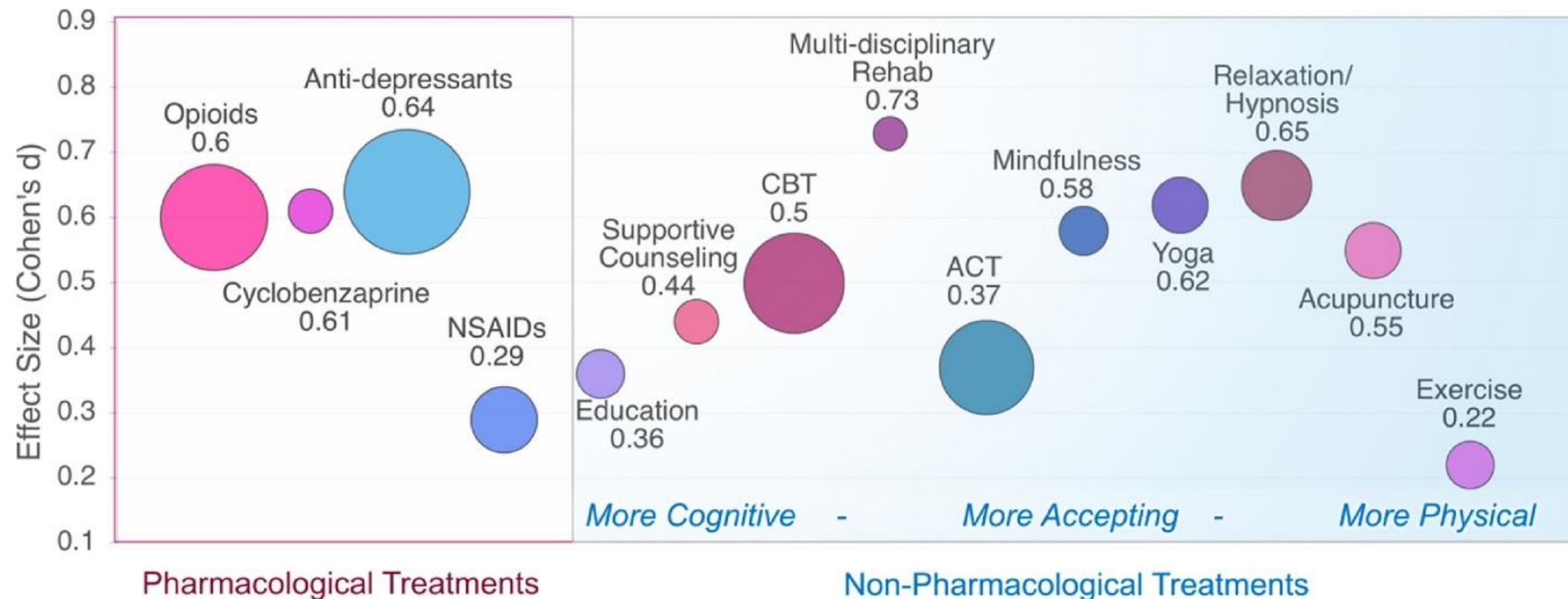
- Focus on Pain Relief
- Short Term Opioid Use is warranted for severe pain
- Patients will often need higher doses to achieve relief
- Maximize non-opioid pain treatments
- Have an opioid de-escalation plan

Chronic Pain

- Treating chronic pain and OUD may be “at odds”
- MOUD may contribute to hyperalgesia
- Bup (and naltrexone-XR) may cause less hyperalgesia than full opioid agonists
- Maximize non-opioid pain treatments

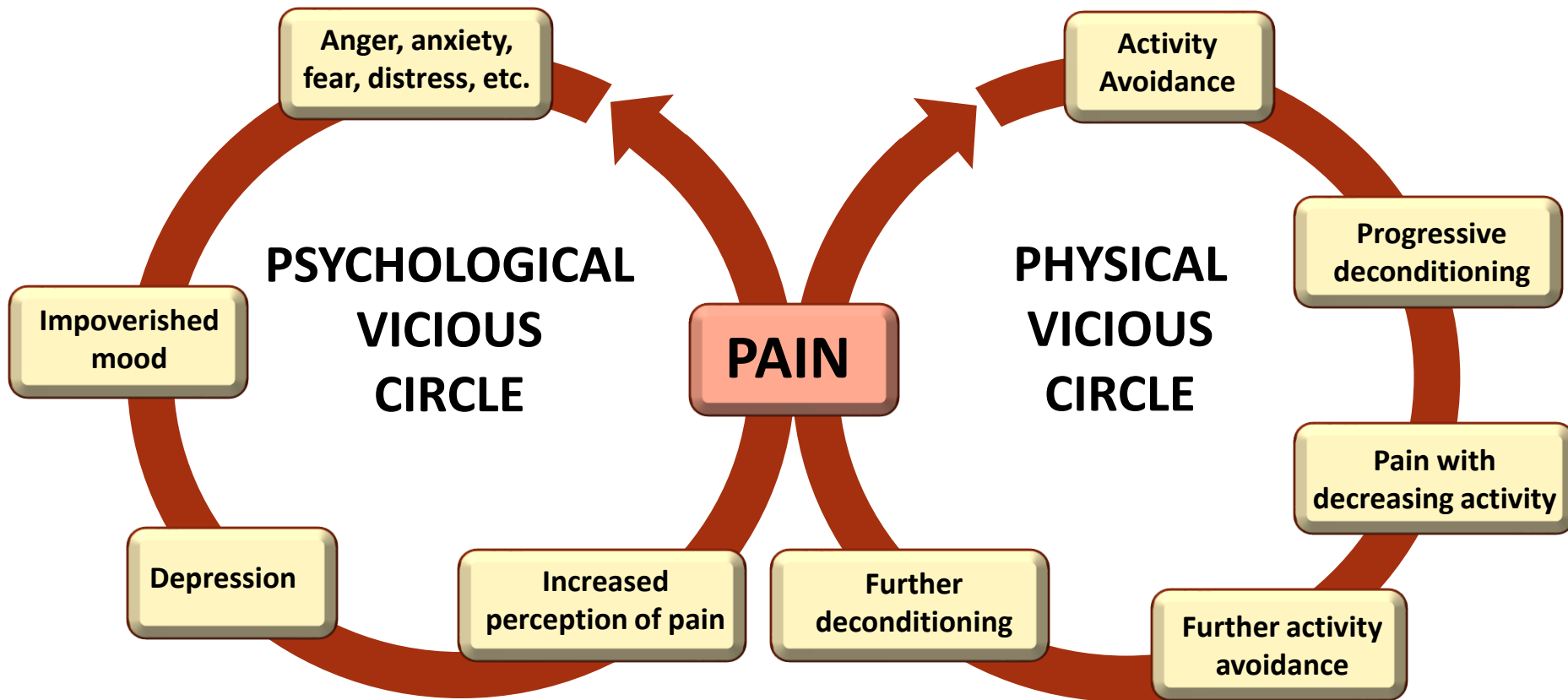


What works for treating chronic pain?



*Size of bubble relative to number of studies in meta-analysis

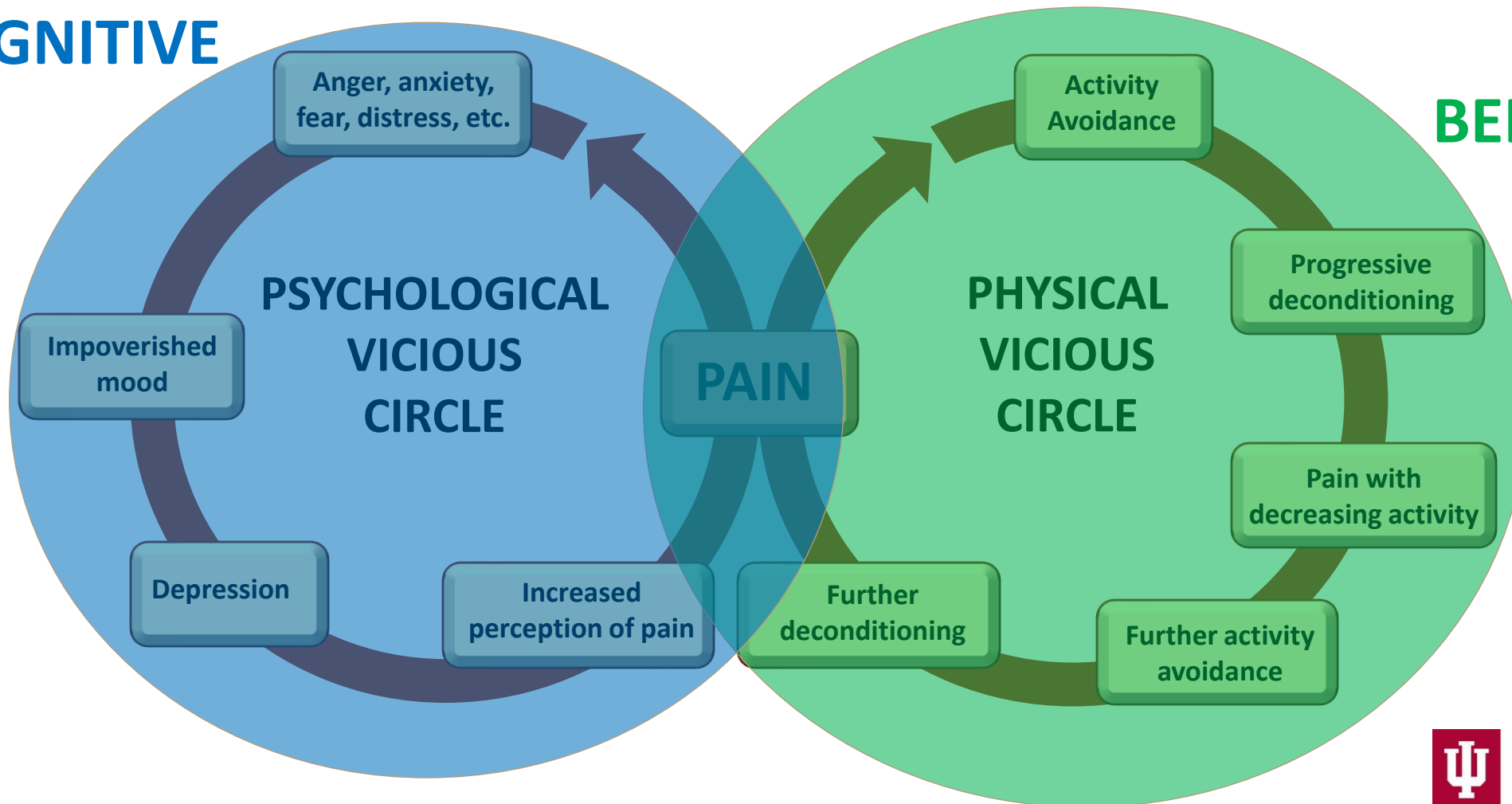
Chronic Pain feeds forward to worsen Psychological and Physical Well-Being



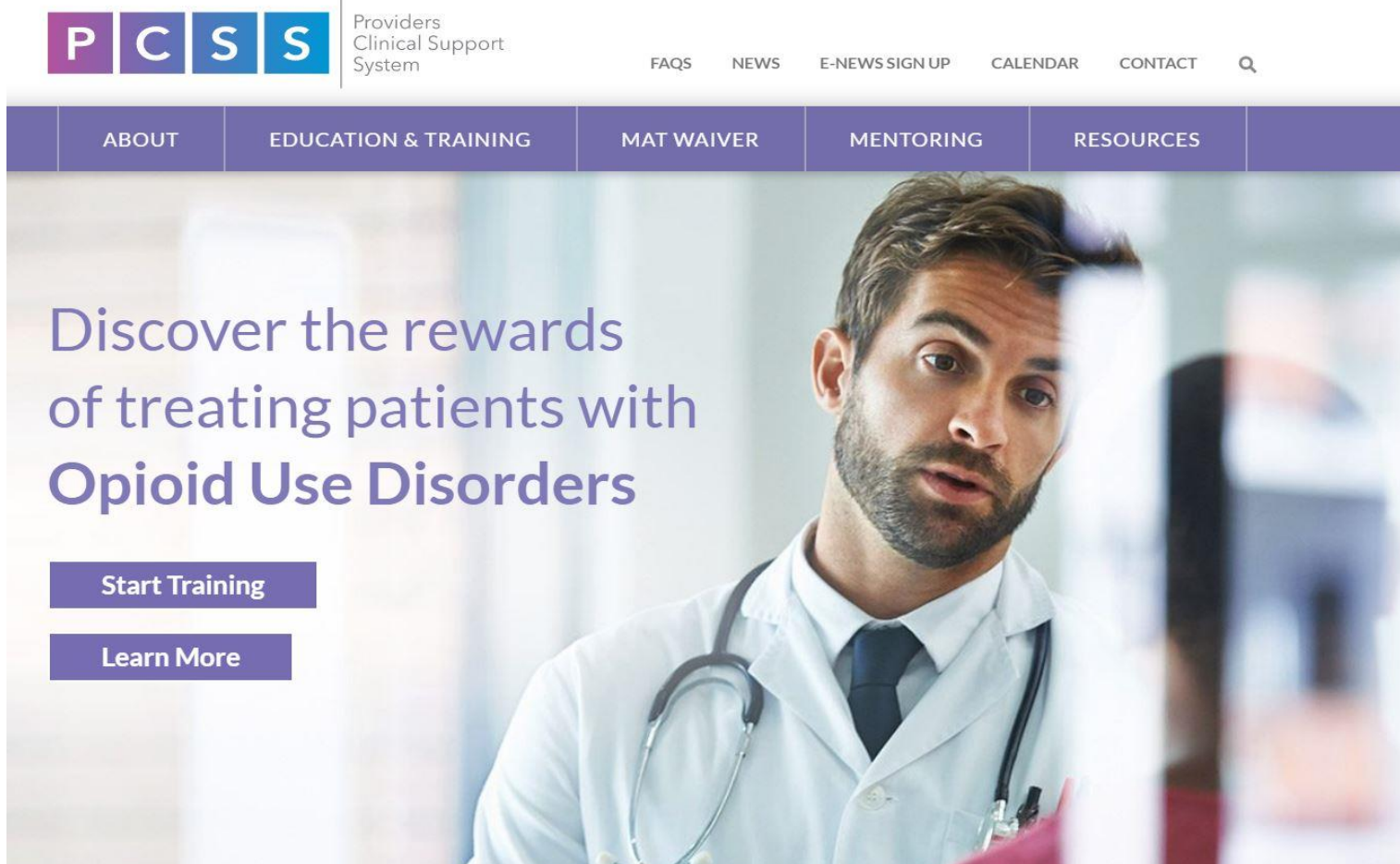
Cognitive Behavioral Therapy (CBT) can target both the psychological and physical circles

COGNITIVE

BEHAVIORAL



Providers Clinical Support System is a great resource



pcssnow.org