# **DISCLOSURES**

No Disclosures



# OPIOID"ADDICTION" in CANCER PATIENTS

**Prevention & Management** 

**Declan Walsh MD** 

DEPARTMENT OF SUPPORTIVE ONCOLOGY
LEVINE CANCER INSTITUTE
CHARLOTTE, NORTH CAROLINA USA

"A certain surgeon always took some opium, and gave of it likewise to his patient, when he had any considerable operation to perform."

A Treatise on Opium, George Young, London, 1753

### **Populations**

- Opioids in Addicts, Past Addicts
- Opioids in Cancer Pain
- Opioids in Chronic Pain
- Opioids in Postoperative (+/- Cancer) Pain
- Opioids in "Volunteers"

#### **Definitions**

Drug	Abnormality
Addiction/Abuse	Psychological
Dependence	Physical
Tolerance	↓Effect ÎDose

# **Opioid Use Disorder (DSM-V)**

#### **Criteria**

- 1. Larger Amounts
- 2. Failed Discontinuation
- 3. Craving
- 4. Impaired Function
- 5. Tolerance
- 6. Withdrawal

### **Opioid Use Disorder**

- 1. Brain Circuit Functional Changes
- 2. Neurotransmitters: Reward

**Self-Control** 

**Stress** 

- 3. Changes Persist Long After Drug Use
- 4. Multi-Substance; Serious Adverse Events

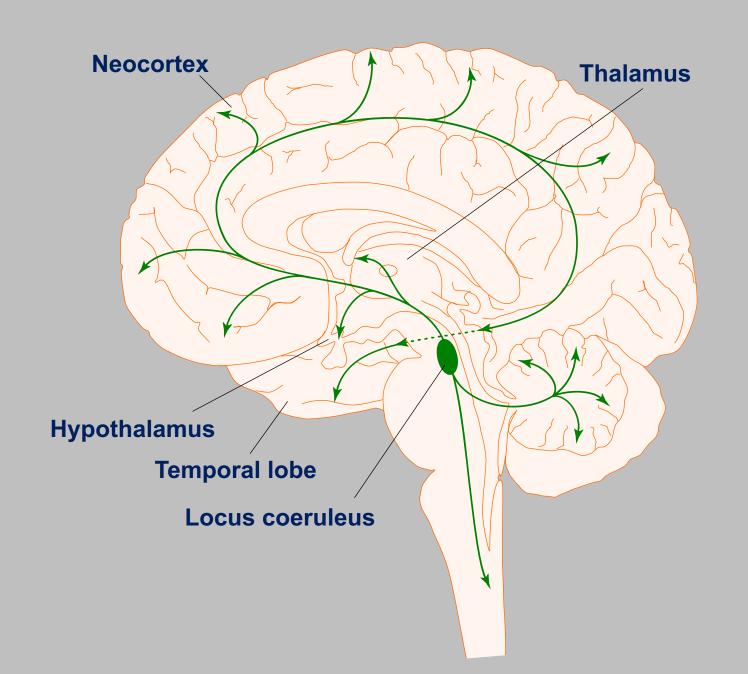
# **Opioid Withdrawal Syndrome**

- Tolerant / Dependent → Stop/Reduce Dose
- Flu-Like Syndrome
- Variable Presentation/Intensity
- Implies Physical Dependence Not "Addiction"

# **Opioid Withdrawal Syndrome**

GI	Cramps, Diarrhea, Vomiting
Neuro	Anxiety, Irritable, Restless, Yawning
Systemic	Chills, Gooseflesh, Sweats/Fever
ENT	Runny Eyes/Nose, Dilated Pupils

#### **NOREPINEPHRINE SYSTEM**



### **Important Drugs**

Drug	Receptor	Action
Buprenorphine	Mu	Partial Agonist
	Kappa	Antagonist
Lofexidine	Alpha 2a	Agonist
Methadone	Mu	Agonist
	NMDA	Antagonist
Naloxone	Mu, Delta, Kappa	Antagonist
Naltrexone	Mu, Delta, Kappa	Antagonist

## Complications

- Alcohol
- Benzodiazepines
- Cannabinoids
- Nicotine
- Co-Morbidities
- Drug Interactions

# **Opioid Prescribing Errors & Pseudo-Addiction**

Patients (n)	Errors (n)	Strategy	Switch/Rotate	Adjuvant	Titration	Other
AII (82)	151	78%	3%	3%	9%	7%
Pain ≥4 (62)	117	76%	3%	3%	10%	8%

#### **Clinical Scenarios**

- 1. New Cancer Diagnosis + Pain + Prior Addiction
- 2. Current (Prior) Cancer Diagnosis + Opioid Use Disorder

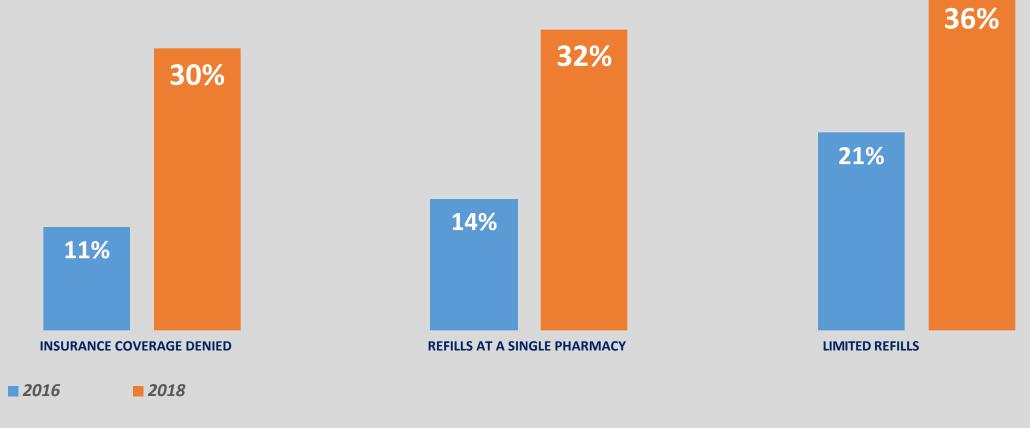
#### **Center for Disease Control & Prevention**

- Guidelines: Opioids for Chronic Pain (2016)
- Non-Mandatory Guidance for Primary Care
- Intended for Opioid Naive
- Blanket Limits; Mandatory Policy

## **Unintended Consequences**

- Dose Limits
- Forced Tapers
- Insurance Denials
- Patient Abandonment
- Red Flags
- Supply Limits





#### **Opioids Frequently Needed To Effectively Manage Cancer Pain**

8 Out of 10



Patients with advanced cancer have moderate to severe pain <sup>1</sup>

**Experience Chronic Cancer-Related Pain<sup>2</sup>** 

**Patients** 

**Survivors** 

**55** %

40 %



Use Opioids to Manage Pain<sup>3</sup>

**Patients** 

**Survivors** 

43 %

10 %

- 1. <a href="https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-hppdq">https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-hppdq</a>
- . Update on Prevalence of Pain in Patents With Cancer JPSM
- 3. ACS CAN & PQLC Opioid Access Research Project June 2018

## **Principles of Opioid Use in Cancer Pain**

- 1. Individualized Dose Titration
- 2. Regular + Rescue Dosing
- 3. Switch (Route)
- 4. Rotate (Drug)
- 5. Equianalgesic Doses
- 6. Anticipate S/E
- 7. Adjuvant Analgesics

# **ASCO Principles for Drug Access**

- 1. Cancer Patients = Special Population
- 2. No Arbitrary Prescriptions Limits
- 3. Patient/Professional Education
- 4. Opioid-Related Disorders Treatment
- 5. Naloxone Access

# Opioid Abuse/Addiction Screening in Cancer

- 1. Drug Monitoring Programs
- 2. Pain Contracts
- 3. Screening Tools
- 4. Support Services
- 5. Urine Drug Tests

Screener	Population Validation	Items	High risk	Sensitivity	Specificity	Outcome Measure
COMM 12	227 chronic (non-cancer)	17	<u>&gt;</u> 9	0.77	0.68	Aberrant drug behavior index, urine toxicology
ORT <sup>14</sup>	185 chronic pain (non- cancer)	5	<u>&gt;</u> 8	c statistic male = 0.82 c statistic female = 0.85		Aberrant drug behavior
SOAPP-R 18	223 chronic pain (non- cancer)	24	<u>&gt;</u> 18	0.81	0.68	Self-report, toxicology screens, physician report

#### **Overdose Deaths**

- 1. Overdose Death ; Opioid Prescribing
- 2. Polydrug/Alcohol Abuse
- 3. Deaths: Fentanyl/Heroin 50%

  Cocaine/Methamphetamine 30%

  Prescription Opioids
- 4. \* Not Under Medical Supervision

#### **Chronic Pain in Adult Cancer Survivors**

- 1. Screening + Comprehensive Assessment
- 2. Treatment + Care Options
  - a. Non Pharmacological
  - b. Pharmacological
- 3. Risk Assessment/Mitigation: Universal Precautions

# Opioid "Addiction" in Cancer

# Summary

- 1. Learning the Wrong Lessons
- 2. Opioid Use Disorder
- 3. Pseudo-Addiction & Bad Prescribing
- 4. Cancer Patients = Special Population
- 5. Regulatory Barriers
- 6. Important Drugs
- 7. Opioids In Survivors
- 8. Non-Pharmacological Management

# **THANK YOU**



## **Opioid Overdose**

- 47,600 Opioid Related Deaths 2017
  - Absolute
  - Relative
- Role of Naloxone

#### **Chronic Pain Syndromes with Cancer Treatment**

- 1. Chemotherapy
- 2. Peripheral Neuropathy
- 3. Hormonal
- 4. Arthralgias
- 5. Graft v Host
- 6. Paresthesia
- 7. Surgical
- 8. Post-Thoracotomy

# Frequent Errors (N=177)

Patients	(%)	Total Errors
Any	70	151
1	38	45
2	18	42
3	8	27
≥3	6	37

Shaheen, JPSM, 2010

# **Opioid Dosing Errors in Cancer Pain**

- 1. Dose Strategy
- 2. Dose Titration
- 3. Dose Conversion

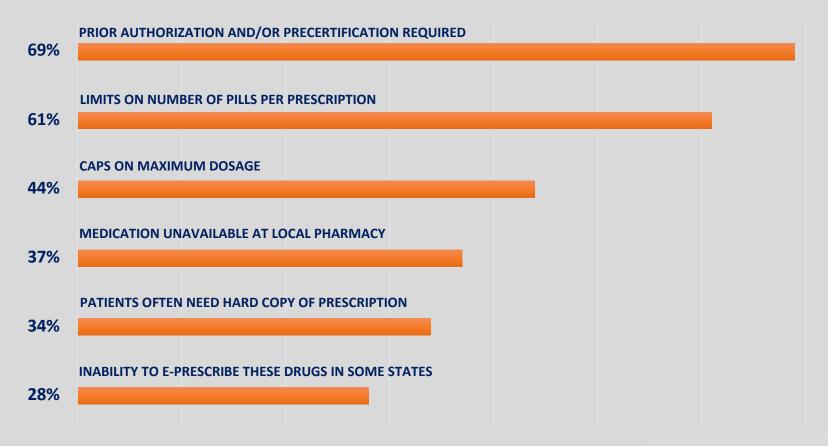
# **Important Drugs**

- Buprenorphine
- Lofexidine
- Methadone
- Naloxone
- Naltrexone

# **Opioid Prescription Barriers**



trouble filling opioid prescriptions



## **Terminological Confusion**

- 1. Addiction
- 2. Dependence
- 3. Tolerance
- 4. Withdrawal

#### **Outline**

- 1. The Opioid Epidemic
- 2. The Wrong Lessons
- 3. Terminological Confusion
- 4. Opioid Use Disorder
- 5. Opioid Withdrawal Syndrome
- 6. The Baby & the Bath Water
- 7. Prudent Practice
- 8. Survivors

Opioid Use Disorder

Opioid Withdrawal Syndrome

# Opioid Use Disorder (DSM-V)

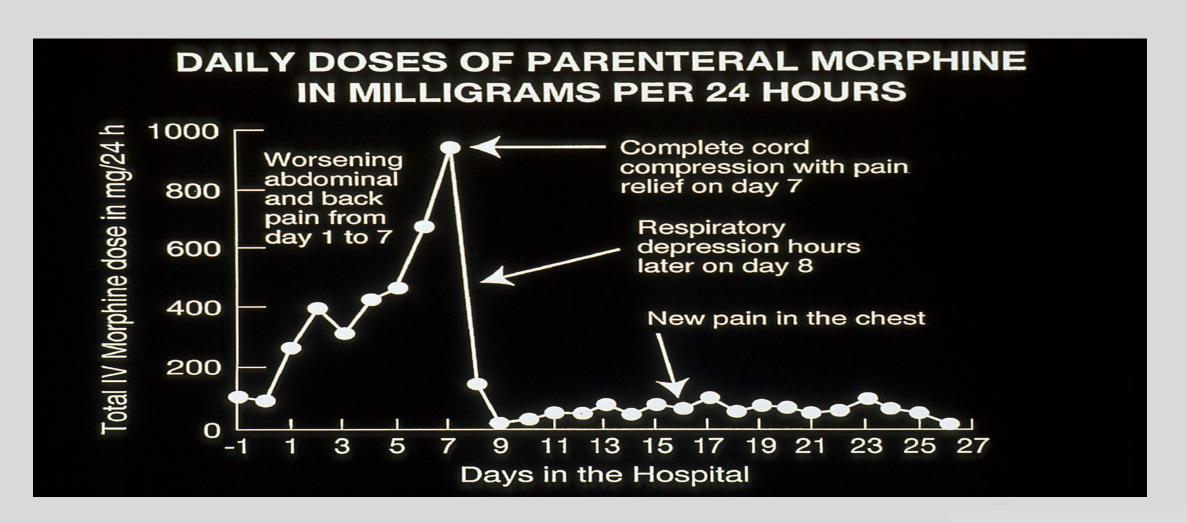
Problematic Pattern Of Opioid Use

Clinically Significant Impairment or Distress

# **Opioids in Cancer**

#### Interventions

- Integrative Treatments
- Interventional Management
- Neurostimulatory Therapies
- Physical Medicine + Rehabilitation
- Psychological Approaches



# The Opioid Epidemic

The Response



**Opiophobia** 

#### **Pseudo-Addiction**

**Ineffective Pain Management** 



**Drug Seeking Behavior**