

Medication Therapy Management

Focus on Pain Care

Thorough review of a patient's analgesic regimen promotes positive clinical outcomes for pain and other common conditions.

Issues to watch for and interventions to consider:

1. Note the diagnosis or presumed cause of the patient's pain.

Consider the expected duration of the analgesic regimen based on the duration of the underlying injury or disease.

2. Are therapeutic outcomes satisfactory?

Assess effectiveness of the analgesic regimen and the patient's ability to tolerate the dose(s) prescribed.

3. Are acetaminophen-containing analgesics, or NSAIDs* taken concurrently with warfarin therapy?

When patients on warfarin start or change these analgesics, the patient should be monitored for changes in the anticoagulant effect.

4. Duplicate therapies: more than one acetaminophen-containing analgesic?

Consider analgesics with low or no acetaminophen to ensure that the patient does not receive more than the maximum recommended daily dose of acetaminophen.

5. Does the patient take ibuprofen as needed for pain concurrently with daily low-dose aspirin therapy?

Ensure that the ibuprofen is given at least 30 minutes after, or 8 hours before, the immediate release low-dose aspirin.

6. Duplicate therapies: more than one NSAID prescribed?

Contact prescriber(s) to verify the regimen and clarify the clinical rationale if concurrent NSAIDs are prescribed.

7. Changing opioid analgesic drug or dose?

Ensure that the dose of the new opioid regimen is not disproportionately high compared to previous therapy. Caution in patients with respiratory conditions. (Also see General Safety Information on Opioids.)

8. Duplicate therapies: more than one long-acting opioid prescribed?

Ensure that opioids are prescribed by only one healthcare professional.

Contact prescriber(s) to verify and clarify clinical rationale.

9. Is the patient receiving an opioid, tricyclic antidepressant, or anticholinergic drug?

Educate the patient regarding hydration and recommend addition of a stimulant laxative.

*Non-steroidal anti-inflammatory drug

Medication Therapy Management

- ***Optimize Therapeutic Outcomes***
- ***Enhance Patient Understanding of Appropriate Use***
- ***Reduce Risk of Adverse Events***

General Safety Information on Opioid Analgesic Drug Products

As with all medications, indications and usage for specific opioid analgesic drug products vary and the Full Prescribing Information (FPI) for each specific product being referenced should be consulted. Proper patient selection and assessment, proper prescribing practices, periodic re-evaluation of therapy, proper dispensing, and correct storage, handling and disposal are all appropriate measures that help to limit the diversion and abuse of opioid drugs. Careful record-keeping of prescribing information, including drug, strength, quantity, dosing frequency, number of refills authorized, and renewal requests is strongly advised.

Overdose

Instruct patients against the use by individuals other than the patient for whom you have prescribed the opioid analgesic, as such inappropriate use may have severe medical consequences, including death. Persons to whom an opioid analgesic is not prescribed can overdose by taking even one dose. Persons who have a prescription for an opioid analgesic can overdose by taking more than the amount prescribed. The risk of fatal outcome is increased with concurrent use or abuse of alcohol or other CNS depressants.

Certain doses of specific opioid analgesics may cause fatal respiratory depression if taken by patients who have not developed tolerance to the respiratory-depressant or sedating effects of opioids.

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Manipulation by any means of any opioid analgesic dosage form poses a significant risk that could result in overdose and death.

Respiratory Depression

Respiratory depression is the most significant serious adverse event risk with all opioid agonists and can result in death.

The risk of respiratory depression is increased in elderly or debilitated patients, usually following large initial doses in persons who have not developed any degree of tolerance to the respiratory-depressant or sedating effects of opioid analgesics, or when opioids are given in conjunction with other agents that depress respiratory drive or consciousness.

Addiction, Abuse and Diversion

There is a potential for drug addiction to develop following exposure to opioids even under appropriate medical use. All patients treated with opioids require careful monitoring for signs of abuse and addiction.

Opioid agonists have the potential to be abused and are subject to diversion. Educate patients that sharing, giving, loaning, or selling one's opioid analgesics is dangerous and unlawful.

Physical Dependence and Tolerance

The development of physical dependence or tolerance is not unusual during chronic opioid therapy.

When a patient no longer requires therapy with an opioid, the daily dose should be tapered gradually to prevent signs and symptoms of withdrawal syndrome in the physically-dependent patient.

Contraindications

Opioids are contraindicated in any setting with a risk of significant respiratory depression, in patients who have acute or severe bronchial asthma, in patients who have or are suspected of having paralytic ileus, or in patients with known hypersensitivity to any of the opioid product's constituents.

Serious Side Effects

Respiratory depression, apnea, and with lesser frequency, circulatory depression, hypotension, shock or cardiac arrest have all been associated with opioid use and abuse.

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Common Side Effects

Nausea, vomiting, dizziness, drowsiness, constipation, itching, dry mouth, sweating, weakness, and headache are the most common side effects of opioid analgesics.

Opioid analgesics may cause drowsiness, dizziness, or lightheadedness and may impair mental and/or physical ability required for the performance of potentially hazardous tasks (e.g. driving, operating machinery). Patients should be cautioned accordingly.

Storage, Handling and Disposal

Patients should be counseled about the importance of storing opioid analgesics safely and out of reach of children, other household members, visitors and pets, and protecting them from theft or misuse. Accidental consumption especially in children may result in overdose or death. When opioid analgesics are no longer needed, they should be disposed of in the manner described in the FPI or on the FDA website at:

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

Resources:

Warfarin. Available at: <http://www.drugs.com/pro/warfarin.html>
Accessed October 12, 2010.

US Food and Drug Administration Web site. Food and Drug Administration Science Paper. *Concomitant Use of Ibuprofen and Aspirin: Potential for Attenuation of the Anti-Platelet Effect of Aspirin*. Available at: <http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM161282.pdf> Accessed October 12, 2010.

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