

The Problems of Pain Medicine: ☺

I. Introduction:

A. Current Care Issues: use has skyrocketed.

1. Our 4% of world's population uses 80% of opiates.
2. Since 1990, education on the subject has been aimed at making people pain free.
3. Oxycontin sales have increased 8 times, and Methadone use has increased 9 times from 1997 to 2006
4. 15% of 12th grade student report they have taken Vicodin or Oxycodone.
5. Most addiction and overdoses due to prescription medication.

B. Why this increase? People do hurt!

1. Aging population
2. Amazing access to healthcare vs. world with prescription drug coverage.
3. A decline in physical fitness and increase in weight starting in childhood.
4. Medical education for providers has not emphasized the addiction and side effect problems for the medication used.
5. Losing our societal bias against drug and medication use.

II. Medical Care of Pain: Six Categories of Care.

A. Pharmacologic.

1. Non Opioids. Aspirin, Tylenol, NSAIDs (Ibuprofen etc.), Cox-2 inhibitors (celebrex),
2. Tramadol, Tapentadol
3. Opioids/Narcotics: Codeine, Morphine, Hydrocodone (Vicodin), Oxycodone (Oxycontin, Percodan), hydromorphone (dilaudid), Oxymorphone (Opana), Levorphanol (Levodromoran), Methadone, Fentanyl (patches, nose spray, lozenges, intrathecal), Buprenorphine (Suboxone)
4. Alpha 2 adrenergic agonists: Zanaflex, Clonidine (regional)
5. Antidepressants: Tricyclics (Elavil), SSNRI (Cymbalta, Savella)

6. Anti-epileptic drugs: Gabapentin (Neurontin), Pregabalin (Lyrica), Carbamazepine (Tegretol),
7. Muscle relaxants: Cyclobenzaprine (Flexeril)
8. N-methyl D-aspartate receptor Antagonists: Ketamine, Dextromethorphan.
9. Topical Analgesics. Capsaicin cream, Topical Naproxen/NSAIDS.

B. Physical medicine

1. Physical therapy. Exercise, strength training and stretches.
2. Ultrasound with steroid cream.
3. Braces and splints, TENS.

C. Behavioral Medicine: Counseling/Cognitive Behavioral Therapy.

D. Neuromodulation: Brain and Spine implanted stimulators.

E. Interventional: Epidural Steroid/anesthesia. Trigger point and joint injections.

F. Surgical

1. Surgical correct the anatomic defect, as in disc surgery.
2. Rhizotomy: surgically destroy nerves carrying pain message.

III. Medical treatment: A standard of care.

A. Understanding Pain

1. Neuropathic: diabetic neuropathy, shingles.
2. Nociceptive: Pain due to identifiable structural problems such as hip disease, disc disease, rheumatoid arthritis, appendicitis, gallstones.
3. Chronic vs. acute.

B. Find the cause and fix it!

1. Most nociceptive falls into this category if acute.
2. Never treat undiagnosed pain with narcotics!

C. Once a cause is known, start with the least troublesome medicine and care.

1. Tylenol! Physical therapy, joint injections, counseling, TENS, bracing, inserts, splints.

2. Then NSAIDS, Tramadol, Antidepressants, AED's.
3. Opioids. Anything more than very short term use requires pain contracts, urine drug testing, pre-screen for addiction proneness, Inspect RX.
4. Brain and Spinal cord Stimulators, Rhizotomy.

D. The General Norman Schwarzkopf doctrine of Pain Medication!

IV. A Biblical Viewpoint on Pain Medication: at least mine anyway! 😊

A. Principles from 1 Corinthians 10:13-32

1. Whether we choose to take pain medication, and how we deal with pain, should be decided by what glorifies God.
2. The decision to take pain medication is in the arena of Christian liberty.
3. We should not make our primary goal in life to be pain free.
4. Christian liberty is limited by how it affects others.
5. Pain and suffering are to be expected in life, and God will enable us to deal with them.

B. Ephesians 5:15-20

1. Walk as a wise person. Understand what you are doing.
2. How will the choice affect how you use time? "Can you serve God better with or without the treatment?"
3. We are not to be controlled or intoxicated by any substance.
4. We need to approach life with a heart of gratitude.

V. Case History

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