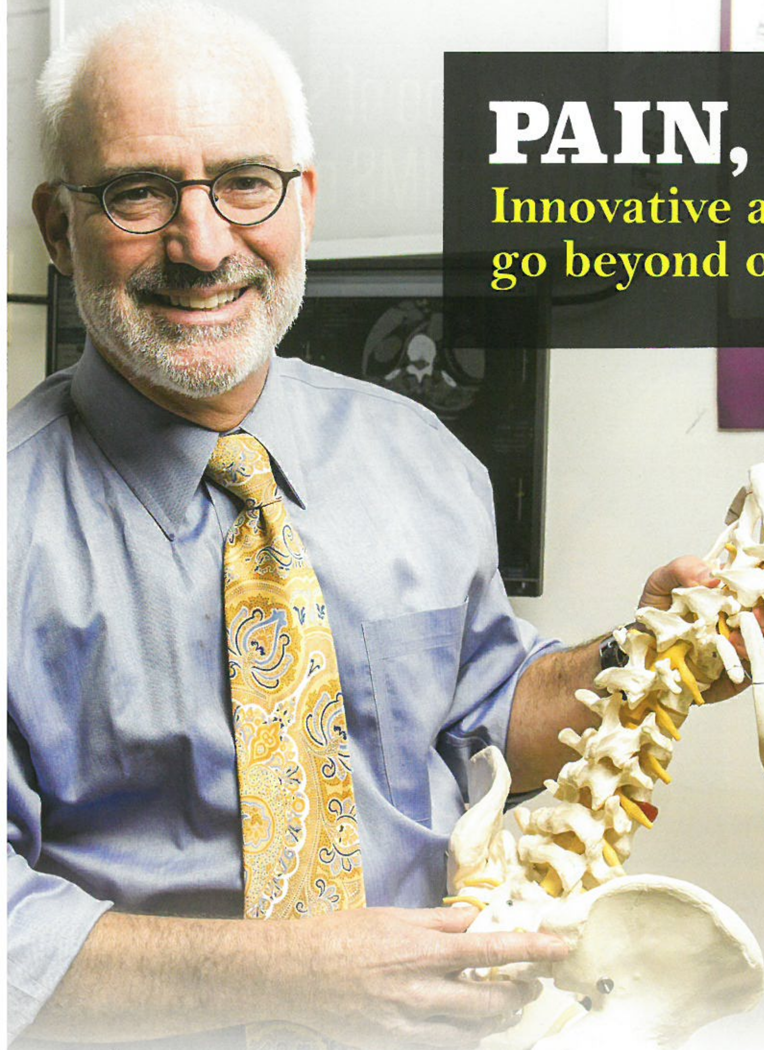

PAIN, PAIN, GO AWAY

Innovative approaches to pain management go beyond opioids

By Nancy A. Ruhling

At New Jersey Medical School's Comprehensive Pain Management Center, aches are eased, for the most part, without the aid of opioids.

"The majority of our patients are not on opioids and if they are, our goal is to get them off as soon as we can," says director Andrew Kaufman, MD. "It's always been our policy to find out what causes the pain, when did it start, what made it better, what made it worse."

Each year the center cares for some 6,000 patients from across northern New Jersey, treating complex, acute and chronic pain ranging from disc herniation and headaches to spinal stenosis and post-laminectomy syndrome.

The emphasis is on alternative therapies that get to the root of the pain instead of merely masking it.

For instance, if an obese patient complains about knee and back pain, Kaufman and his colleagues will start by creating a weight-reduction plan that will take the pressure of pounds off the aching areas.

"In a case like this, it's about lifestyle change," he says. "We may prescribe physical therapy and have the patient work with a nutritionist. To manage the pain, we may offer an anti-inflammatory or a muscle relaxer."

For example, a patient in his late seventies was experiencing excruciating bone-on-bone knee pain. Because he wasn't a good candidate for surgery, the team performed a genicular nerve radio frequency ablation, which is a thermal ablation of the nerve that blocks the signaling from the knee.

The center has other treatment options such as non-opioid medications, transdermal medications, transcutaneous electrical nerve stimulation (T.E.N.S.) units, epidural injections, facet joint injections and nerve blocks.

More advanced techniques include the placement of spinal cord stimulator leads into the epidural space to alter pain signaling as well as intrathecal pumps that directly place medication into the region of the spinal cord that may be affected.

"With our approach, we teach patients to be more actively involved in their health care," Kaufman says.

There are some patients, however, for whom opioids are the only option. A patient whose pelvis has been crushed in a car crash, Kaufman says, would be a prime candidate for a short-term prescription.

For others, painkillers are a chronic answer. "Opioids aren't evil. When they are used correctly, they are a tool," Kaufman says, adding that some 10 percent of the center's patients have ongoing long-term prescriptions for opioids.

One such patient is an 85-year-old man with severe spinal stenosis. "It is a debilitating condition," Kaufman explains.

"There were no further procedures that we could do, so I put him on a low-dose of methadone, five milligrams a day. This allows him to do his daily activities with minimal pain. It was not an ideal solution, but all other options failed."

Another man who needed a hip replacement was placed on opioids until he could lose enough weight and lower his blood sugar sufficiently for surgery. "It took one year for him to make these changes," Kaufman says. "I'm weaning him off the opioids now that he was able to undergo a successful surgery."

Kaufman said that the majority of the clinic's patients prefer not to take painkillers. "There's an awareness among the public of opioid addiction," he says. "And many of them have personal stories about a friend or a relative who is or was addicted."

He notes that the clinic doesn't treat addiction; that falls under the auspices of the school's new Division of Addiction Medicine of the Department of Psychiatry. Patients who are prescribed painkillers must sign a consent form detailing the risks and benefits of the medication. They also sign a narcotic agreement that sets out expected behaviors such as prohibiting them from selling or sharing the medication with others and requires them to submit to random urine screenings.

Under the state's strict prescription monitoring program, doctors must check the N.J. State Prescription Monitoring Program before issuing any controlled substance.

In addition, the state limits the initial prescription of opioids to five days of medications to anyone who is opioid naïve and the second to 25 days if the caregiver feels that it is justified after speaking with and evaluating the patient. "We monitor the side effects and efficacy of the medication after the first prescription runs out," Kaufman says. "If we need to continue, the prescription is renewed monthly with an office visit and then when stabilized the visits can become quarterly."

"Our process never changes," he adds. "We stay close to our patients to ensure the safe and appropriate use of medications."