Disease-a-Month 64 (2018) 451–466

Contents lists available at ScienceDirect

Disease-a-Month

journal homepage: www.elsevier.com/locate/disamonth

Perspectives on the opioid crisis from pain medicine clinicians

Gary W. Jay, MD, FAAPM, FACFEI[a], Robert L. Barkin, M.B.A, Pharm.D, FCP[b,c,*]

[a] *Division of Headache/Pain, University of North Carolina, Chapel Hill, NC, United States*
[b] *Department of Anesthesiology, Family Medicine, Pharmacology Rush Medical College Chicago, United States*
[c] *Department of Anesthesiology, Pain Center of Skokie and Evanston Hospitals North Shore University Health System, IL, United States*

ARTICLE INFO

ABSTRACT

Patients experiencing a terminal drug related event reflect a sentinel event. If this pharmacotherapy is a widely used agent, it may be viewed as a catastrophic problem. If patients are dying from illegal drug use when the medical establishment fails them by withdrawing or minimizing their medically prescribed medication, then the burden rests with their health care providers, legislation, and insurance carriers to actively participate in a collegial fashion to achieve parity. Causing a decay in functionality in previously functional patients, may occur with appropriately prescribed opioid medications addressing non-cancer pain when withdrawing or diminishing either with or without patient consent. The members of the medical profession have diminished their prescribing of opioids for their patients out of apparent fear of reprisal, state or federal government sanctions, and other concerned groups. Diminishing former dosages or deleting the opioid medication, preferably in concert with the patient, often results in inequitable patient care. Enforcing sanctioned decreases or ceasing to prescribe from their former required/established opioid medications precipitate patient discord. In absence of opioid misuse, abuse, diversion or addiction based upon medical “guidelines” and with a poor foundation of Evidence Based Medicine the CDC

* Corresponding author at: Department of Anesthesiology, Family Medicine, Pharmacology Rush Medical College Chicago, United States.
E-mail address: rbarkin@rush.edu (R.L. Barkin).

https://doi.org/10.1016/j.disamonth.2018.07.002
0011-5029/

Please cite this article as: G.W. Jay, R.L. Barkin, Perspectives on the opioid crisis from pain medicine clinicians, Disease-a-Month (2018), https://doi.org/10.1016/j.disamonth.2018.07.002

guidelines, it may be masked as a true guideline reflecting a decrement of clinical judgment, wisdom, and compassion. This article also discusses the role of pharmacy chains, insurance carriers, and their pharmacy benefit managers (PBMs) contribution to this multidimensional problem. There may be a potential solution, identified in this paper, if all the associated political, medical and insurance groups work cohesively to improve patient care. This article and the CDC guidelines are not focused at hospice, palliative, end of life care pain management.

Where we are now

The opioid crisis has bedeviled the nation for years. Statistics describing in a manner of presentation can misinform and misguide.

Seth et al.,[1] with 3 other members of the CDC's Division of Unintentional Injury Prevention stated in an editorial in the American Journal of Public Health that many overdoses involving illicit fentanyl and other illicit opioids have been statistically presented and tabulated as prescription related drug deaths. They stated, "Availability of illicitly manufactured synthetic opioids (e.g., fentanyl) that traditionally were prescription medications has increased. This occurrence has blurred the lines between prescription and illicit opioid-involved deaths," and added "Traditionally, the Centers for Disease Control and Prevention (CDC) and others have included synthetic opioid deaths in estimates of 'prescription' opioid deaths. However, with IMF (illicitly manufactured fentanyl and derivatives) likely being involved more recently, estimating prescription opioid–involved deaths with the inclusion of synthetic opioid–involved deaths could significantly inflate estimates."

Examination of the agency's use of "traditional definition" for prescription opioids, the CDC estimated that 32,445 Americans died from overdoses of pain medication in 2016. They then pronounced that using a new "conservative definition" – one that excludes the "high proportion of deaths" involving synthetic opioids like fentanyl-like compounds – the death toll associated with prescription opioids is reduced nearly in half to 17,087 overdoses.[1]

This decreased number may be incorrect secondary to other issues, the researchers note: the number of deaths involving diverted prescriptions or counterfeit drugs is unknown; toxicology tests cannot distinguish between pharmaceutical fentanyl and illicit fentanyl; drugs are not specifically identified on death certificates in 20% of overdose deaths; multiple drugs are involved in almost half of drug overdose deaths.[1,2]

One prescription opioid death is too many. However, mixing true prescription opioid deaths with the others is not revealing accurate information. The receipt of accurate information may be instrumental to assist in better defining and dealing with this critical problem.

Definitely, there were physicians and other prescribers who overprescribed opioids. Further, there were pill mills where physicians and other prescribers were cavalier about patient care but provided the sale of prescriptions for non-medical reasons. Thus, there were physicians and other prescribers who performed unconscionable prescribing acts. At the same time, there were physicians who attempted to provide the best for their patients and may have been, by others, considered to over-prescribe opioids, but with professional intentions. There were also physicians and other prescribers who failed to realize the real extent of possible opioid side effects and resultant consequences. These clinicians were, as were the first group mentioned, a vast minority of prescribers. Currently, as noted in at least 2 publications, deaths from prescribed opioids is less than 15% of the toll, far less than it was years ago.[3,4] While pharmaceutical companies are blamed for marketing (and possibly paying some physicians for medication prescrib-

Please cite this article as: G.W. Jay, R.L. Barkin, Perspectives on the opioid crisis from pain medicine clinicians, Disease-a-Month (2018), https://doi.org/10.1016/j.disamonth.2018.07.002