

Analysis of Position Papers for Vulnerable Populations

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As a group, veterans present a complicated, vulnerable population for the health care industry. Reports show that more than half of the U.S. Department of Veterans Affairs' primary care patients state that they have pain, several of whom report chronic pain. Patients suffering from chronic pain often have higher levels of medical utilization, more disability claims, diminished productivity at work, and a poorer quality of life compared to patients who do not suffer from chronic pain. Further, it has been observed that the latter present with higher rates of alcohol and substance use disorders (Lovejoy, Dobscha, Turk, Weimer, & Morasco, 2016).

The need for pain management was advocated and discussed in the 1980s and 1990s. Groups such as the WHO took a stand on how to address pain as a health care issue, particularly with reference to how cancer and cancer treatment affects patient lives. It was argued that it is unethical for any patient to be dying in pain, even if the treatment hastens death. This mandate was initially meant for cancer patients with chronic pain; however, over time, it has been extended to include chronic noncancer pain as well (Sullivan & Howe, 2013). One of the treatments recommended at the time was using opioids to manage pain. However, studies have since confirmed that a significant link exists between prescription opioid treatment and opioid addiction (Compton, Jones, & Baldwin, 2016; Kolodny, Courtwright, Hwang, Kreiner, Eadie, Clark, & Alexander, 2015; Volkow & McLellan, 2016). Veterans as a population are particularly vulnerable in this situation given that many of them deal with both physiological pain and psychological issues including post-traumatic stress disorder and substance abuse disorder (Sullivan & Howe, 2013). It is then necessary to look for a solution that allows veterans dealing with pain to manage it effectively and, further, to regulate and control the use of opioids to minimize the risk of addiction as well as the potentially dangerous side effects of opioid use.

Pain Relief Management and the Opioid Crisis

The guidelines issued by the WHO and the Declaration of Montreal issued by the International Association for the Study of Pain state that if patients suffer from chronic pain, it is unethical to let them remain in pain (Sullivan & Howe, 2013). However, there is a line that separates the management of pain and the abuse of medication. Studies have shown that opioids do provide significant pain relief in modest doses over a short period of treatment. However, the long-term efficacy of opioids for pain relief management has not been proven to be clinically significant (Sehgal, Colson, & Smith, 2013).

The management of pain to improve quality of life and the possibility of medication abuse and addiction are two sides of the opioid issue. The position that the American Academy of Neurology takes on the issue reiterates earlier studies that show that the efficacy of opioid medication might not extend to a long-term prescription of opioids. The current state of opioid prescription practices has been associated with significant morbidity and high rates of mortality (Franklin, 2014). On a similar note, The American Osteopathic Academy of Addiction Medicine (n.d.) issued a public policy statement on the use of naloxone, an opioid antagonist that blocks opioid receptor activation and, through this, reverses opioid overdoses by preventing or reversing respiratory arrest.

The American Society of Addiction Medicine (2016) also suggests a similar course of action in terms of educating individuals on the use of naloxone. It also encourages those close to the individual experiencing an opioid overdose to educate themselves on how to detect the onset of an overdose. The same association presents the rising statistics associated with prescription opioids and the necessity of raising awareness about the dangers associated with opioids and educating people on the treatment of an opioid overdose. The American Society of Addiction

Medicine recommends co-prescribing naloxone with opioids for people who might be at risk of overdose and educating both the patient and those close to the patient on how to properly use a naloxone kit.

Ethical Pain Management versus the Possibility of Addiction

The above papers focus on ensuring that the public and individuals prescribed opioids are made aware of the dangers associated with the use of opioids. The addictive properties of opioids and the epidemic of opioid overdoses that has spread over the past few decades are indicators of the severity of the situation (Kolodny et al., 2015). The other side of the argument is that opioid treatment is a necessity for many in chronic pain. In Sullivan and Howe's 2013 study on opioid therapy for chronic pain, the authors recount the history of the opioid crisis. The shift toward the use of opioids in the treatment of pain was marked by the WHO issuance of guidelines for the use of opioids in the context of pain relief for cancer patients in 1985 and 1996. This was eventually extended to noncancer pain as well. The underlying logic at work was that chronic noncancer pain could be debilitating to the same extent as cancer pain over longer periods of time and with greater rates of prevalence.

There are two aspects to the counterargument presented by supporters of opioid treatment. The first is that pain as a symptom or consequence of injury or illness can lead to inferior quality of life, resulting in psychological difficulties and even impeding recovery (Manjiani, Paul, Kunnumpurath, Kaye, & Vadivelu, 2014). The second aspect is that opioid treatment potentially provides a long-term solution for chronic pain. This claim is made largely as an extension of the efficacy that can be seen in short-term studies of opioid treatment (Franklin, 2014).

However, as there exists very little evidence on the long-term efficacy of opioid treatment, it becomes problematic that opioid treatment is already in practice to relieve chronic noncancer pain. In the American Academy of Neurology's position paper on the use of opioids for chronic noncancer pain, Franklin (2014) analyzes both the rise of opioids as a treatment as well as the epidemic of addiction and overdose that came about as a result of the advocacy for opioid treatment. Aside from the dangers of addiction that individuals face, Franklin also addresses the significant side effects that opioids present when taken over long durations, including opioid-induced hyperalgesia, immunosuppression, infertility, and hypogonadism.

Newhouse states that opioid drugs were prescribed to over 400,000 veterans for pain relief, which correlates to approximately 1.7 million opioid prescriptions (as cited in Snow & Wynn, 2018). The effort to manage the chronic pain that veterans face, however, presents with its own unique set of complications, particularly because of how widespread the use of opioid treatment has become. Baser, Xie, Mardekian, Schaaf, Wang, and Joshi state that veterans are approximately seven times more likely to abuse opioids than civilians (as cited in Snow & Wynn, 2018). Further, opioids are more likely to be prescribed to individuals who have a history of substance abuse and mental health issues, and this would result in unfavorable or harmful outcomes such as drug abuse or opioid overdose (Howe & Sullivan, 2014). When considering this with the prevalence of psychological issues and chronic physiological pain that many veterans present with, it becomes apparent that long-term treatment with opioids for veterans is not advisable.

Kissin found that 35% of veterans who were admitted to Tuscaloosa Veterans Affairs Medical Center's acute inpatient psychiatric unit presented with severe post-traumatic stress disorder symptoms, coupled with issues such as suicidal ideation and mood disturbances. Kissin

also found that 25% of these veterans had an underlying case of opioid use disorder (as cited in Snow & Wynn, 2018). To treat veterans such as these who are comorbid with chronic pain and behavioral issues, it is necessary to integrate the psychological and the psychiatric into the model of care to sufficiently address the overall health of the patient (Snow & Wynn, 2018). Such a model would require physicians, psychologists, and psychiatrists to simultaneously address the needs of the patient. One of the issues they might encounter is managing the patient's prescriptions. Denenberg and Curtis and Hawkins et al. note that opioids are contraindicated for patients with substance-abuse issues (as cited in Snow & Wynn, 2018); physicians and mental health specialists would have to come to some resolution to mediate the patient's need for pain relief and the patient's potential for abuse of his or her medication.

Weiss et al. (2014) note that individuals who present with post-traumatic stress disorder and substance abuse disorder are likely to use opioids to relieve negative emotional states, aid sleep, or relieve pain. Crowley, Kirschner, Dunn, and Bornstein (2017) suggest that behavioral health should be taken into consideration while evaluating the overall health of the individual. The purpose of opioid treatment is to improve the patient's quality of life with respect to the reduction of pain. Therefore, there should be a simultaneous push toward counseling to address the overall health of the individual and not solely focus on pain. This would involve coordination between counselors and physicians who specialize in pain management to effectively improve the quality of life for these patients.

Conclusion

The management of chronic pain with long-term opioid treatment involves significant risk and does not have clinically significant evidence to support its use. Veterans present a complicated population because many of them deal with mental health issues such as post-

traumatic stress disorder and substance abuse disorder as well as chronic pain. An analysis of policies of various institutions and position papers on the use of opioids for pain management brings into focus the severity of the opioid crisis. Most position papers take the stance that long-term opioid treatment would not be advisable given the lack of evidence to support it. Further, the abundance of public policy statements that advocate educating individuals on the use of naloxone, an opioid antagonist, indicates the severity of the crisis in the present context. One effective response to the existing crisis might be to simultaneously provide counseling along with opioid treatment to address the individual's overall health. The comorbidity of behavioral issues and chronic pain in veterans indicates that they are a particularly vulnerable population, with a high risk of addiction and prescription drug misuse. Therefore, to provide efficient, holistic care, it is necessary to evaluate the efficacy of long-term opioid treatment and the guidelines associated with it.

References

- American Society of Addiction Medicine. (2016). Use of naloxone for the prevention of opioid overdose deaths. Retrieved September 27, 2018, from <https://asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2014/08/28/use-of-naloxone-for-the-prevention-of-drug-overdose-deaths>
- Compton, W. M., Jones, C. M., & Baldwin, G. T. (2016). Relationship between nonmedical prescription-opioid use and heroin use. *The New England Journal of Medicine*, 374(2), 154–163. Retrieved from http://floridahealth.gov/statistics-and-data/e-forcse/news-reports/_documents/NEJM-opioid-heroin-use.pdf
- Crowley, R., Kirschner, N., Dunn, A. S., & Bornstein, S. S. (2017). Health and public policy to facilitate effective prevention and treatment of substance use disorders involving illicit and prescription drugs: An American College of Physicians position paper. *Annals of Internal Medicine*, 166(10), 733–736. <http://dx.doi.org/10.7326/M16-2953>
- Franklin, G. M. (2014). Opioids for chronic noncancer pain: A position paper of the American Academy of Neurology. *Neurology*, 83(14), 1277–1284. Retrieved from <https://doi.org/10.1212/WNL.0000000000000839>
- Howe, C. Q., & Sullivan, M. D. (2014). The missing ‘P’ in pain management: How the current opioid epidemic highlights the need for psychiatric services in chronic pain care. *General Hospital Psychiatry*, 36(1), 99–104. <https://doi.org/10.1016/j.genhosppsych.2013.10.003>
- Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction. *Annual Review of Public Health*, 36(1), 559–574. <https://doi.org/10.1146/annurev-publhealth-031914-122957>

- Lovejoy, T. I., Dobscha, S. K., Turk, D. C., Weimer, M. B., & Morasco, B. J. (2016). Correlates of prescription opioid therapy in veterans with chronic pain and history of substance use disorder. *Journal of Rehabilitation Research and Development*, 53(1), 25–36.
<http://dx.doi.org/10.1682/JRRD.2014.10.0230>
- Manjiani, D., Paul, D. B., Kunnumpurath, S., Kaye, A. D., & Vadivelu, N. (2014). Availability and utilization of opioids for pain management: Global issues. *Ochsner Journal*, 14(2), 208–215. Retrieved from
<http://library.capella.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocview%2F1541487990%3Faccountid%3D27965>
- Sehgal, N., Colson, J., & Smith, H. S. (2013). Chronic pain treatment with opioid analgesics: Benefits versus harms of long-term therapy. *Expert Review of Neurotherapeutics*, 13(11), 1201–1220. <http://dx.doi.org/10.1586/14737175.2013.846517>
- Snow, R., & Wynn, S. T. (2018). Managing opioid use disorder and co-occurring posttraumatic stress disorder among veterans. *Journal of Psychosocial Nursing and Mental Health Services*, 56(6), 36–42. <http://dx.doi.org/10.3928/02793695-20180212-03>
- Sullivan, M. D., & Howe, C. Q. (2013). Opioid therapy for chronic pain in the US: Promises and perils. *Pain*, 154(Suppl 1), S94–100. Retrieved from
<https://ncbi.nlm.nih.gov/pmc/articles/PMC4204477/>
- The American Osteopathic Academy of Addiction Medicine. (n.d.). *Naloxone public policy statement: The use of naloxone for the prevention of opioid overdose deaths*. Retrieved from
https://c.ymcdn.com/sites/www.aoaam.org/resource/resmgr/Docs/AOAAM_NALOXONE_POLICY_2015.pdf

Volkow, N. D., & McLellan, A. T. (2016). Opioid abuse in chronic pain — misconceptions and mitigation strategies. *The New England Journal of Medicine*, 374(13), 1253–1263.

Retrieved from <http://pcpr.pitt.edu/wp-content/uploads/2018/01/Volkow-McLellan-2016.pdf>

Weiss, R. D., Potter, J. S., Griffin, M. L., McHugh, R. K., Haller, D., Jacobs, P., Rosen, K. D. (2014). Reasons for opioid use among patients with dependence on prescription opioids: The role of chronic pain. *Journal of Substance Abuse Treatment*, 47(2), 140–145.
<http://doi.org/10.1016/j.jsat.2014.03.004>