Increased pain sensitivity

Patients with opioid dependence have been shown in experimental studies to have increased pain sensitivity. In addition, cross-tolerance may exist between the opioid maintenance medication (e.g., buprenorphine) and the opioid analgesics. Therefore, adequate pain control will generally necessitate higher opioid doses at shorter intervals. The appropriate treatment of acute pain in patients on opioid agonist treatment (OAT) (e.g., buprenorphine) includes uninterrupted OAT and aggressive pain management with conventional analgesics, including opioids when indicated. The daily opioid maintenance requirements must be met before attempting to achieve analgesia.

Patient management considerations

Reassure the patient that their addiction will not be an obstacle to pain management. Include the patient in the decision-making process to allay anxiety about relapse. Offer addiction counseling as needed. Analgesic dosing should be continuous or scheduled rather than as needed (PRN). Allowing pain to re-emerge before administering the next dose causes unnecessary suffering and anxiety, and increases tension between patient and treatment team. Patient controlled anesthesia (PCA) can be used in opioid dependent patients with acute pain as the increased patient control over analgesia minimizes patient anxiety over pain management.

Distinguishing poorly managed pain from addiction

Historically, the treatment of pain and opioid pharmacotherapy for addiction have been separated by legislation. Thus, there are not many addiction treatment centers that can also treat pain. However, 30-60% of methadone maintenance patients have some level of chronic pain. Physicians who treat opioid addiction with buprenorphine should develop referral networks and facilitate co-managing these patients.

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