EDUCATION AND PAIN MANAGEMENT: DIFFERENT STROKES FOR DIFFERENT FOLKS

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The Landscape

Healthcare Providers

- Experts
- Non-experts

Where are the pain patients presenting?

Who’s doing the prescribing?

- The majority of opioids are prescribed by Primary Care Clinicians\(^1\)
  - Family Practitioners (28.8%)
  - Internists (14.6%)

Education and Pain Management

Educational deficits are **huge**

- Lack of pain education in medical schools and non-specialty training programs\(^1\)
  - “Pain education for North American medical students is limited, variable, and often fragmentary”

- Standardization is lacking in chronic opioid therapy practice
  - At both the expert and non-expert level (Oregon Health Systems Analysis of Worker’s Comp Charts)

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Experts and PCPs

Aspects in common

- Have time constraints
- Have high patient volume
- Face economic challenges in current atmosphere

- Experts have the education and paradigms in place, don’t want clinical guidance, and don’t want unnecessary referrals and consults

- PCPs want guidance and resonating paradigms, and need more time
Guidelines and Clinical Practice

Guidelines

• Don’t often change clinical practice\(^1\)
  
  • May or may not resonate with non-expert clinicians
  
  • Are poorly disseminated to the “masses”
  
  • Have low evidence basis, creating doubt and lower uptake non-expert audiences

Education Can Make a Change

For effective education, we need to apply existing and familiar paradigms that resonate with clinicians

- e.g., Coumadin

Healthcare providers can cover all of the aspects of assessment, informed decision-making, consent, including monitoring requirements in a relatively short period of time that fits
Educational Frameworks

Existing frameworks need to be bridges to new ones in order to succeed, instead of trying to replace them.

- Decade of pain control and research vs. overprescribing of opioids
- Old definition of risk vs. new definition
  - Adverse effects vs. aberrant drug-related behavior
- Informed consent, monitoring, etc.
Patient Education

- Tools to educate patients
  - Medication safety
  - Adverse effect recognition
  - Breakthrough pain
- Realistic goal-setting instead of “silver-bullet” approach
- Shared decision-making
- Identification of responsibility
- Self-management strategies
Conclusions

One size does not fit all

The role of all stakeholders should be considered

- Physicians
- Nurses
- Psychologists
- Pharmacists
- Patients
- Other stakeholders