

# SCOPE of Pain: Safe and Competent Opioid Prescribing Education

Format
Patient Case Study

Time to Complete 2 hours

Released February 17, 2017 Expires
February 16, 2018

**Maximum Credits** 

2.00 / AMA PRA Category 1 Credit(s)™
2.00 / AAFP Prescribed Credits
2.00 / CE for Nurses

### Accredited Provider



### Disclosure of Support

This educational activity is supported by an independent educational grant from the Extended-Release/Long-Acting Opioid Analgesic REMS Program Companies. Please see <a href="http://ce.er-la-opioidrems.com/lwgCEUI/rems/pdf/List\_of\_RPC\_Companies.pdf">http://ce.er-la-opioidrems.com/lwgCEUI/rems/pdf/List\_of\_RPC\_Companies.pdf</a> for a listing of REMS Program companies. This activity is intended to be fully compliant with the Extended-Release/Long-Acting Opioid Analgesic REMS education requirements issued by the US Food & Drug Administration.

### **Needs Addressed Statement**

Healthcare practitioners who prescribe ER/LA opioid analgesics to treat chronic pain are in a key position to balance the benefits and risks of Chronic Opioid Treatment (COT). The importance of education for HCPs cannot be overstated as, according to a 2011 report by the Institute of Medicine, the social and economic burden of pain nationwide is staggering. The IOM Report found that the annual health economic impact of pain represents a \$560 to \$635 billion burden to the U.S. The escalation of opioid prescribing and the corresponding increase in opioid misuse (including abuse, addiction, overdose, and diversion) have been well documented by both regulatory agencies and the lay press. According to SAMHSA's 2010 National Survey of Drug Use and Health report, among the U.S. population aged 12 or older, nonmedical use of prescription pain relievers was the second most prevalent type of illicit drug use after marijuana use. In addition, mortality rates from unintentional overdose of opioids are increasing dramatically. Despite these concerns, according to the National Institute on Drug Abuse, opioid pain medicines are safe and usually do not cause addiction when managed well medically and taken as prescribed. However, HCPs struggle with the need to assist their patients with adequate management of chronic pain while confronting the risks associated with opioid prescribing.

#### References

Institute Of Medicine. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Washington DC: The National Academies Press. 2011.

Jamison RN, Clark D. Opioid Medication Management Clinician Beware! Anesthesiology 2010;112:777-8.

Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4856Findings). Rockville, MD.

National Institute on Drug Abuse. "Research Report Series - Prescription Drugs: Abuse and Addiction." Available at: <a href="http://www.drugabuse.gov/ResearchReports/Prescription/prescription2.html">http://www.drugabuse.gov/ResearchReports/Prescription/prescription2.html</a>. Accessed April 9, 2012.

### Intended Audience

Physicians, nurse practitioners, registered nurses, nurses, physician assistants, dentists, and pharmacists

# **Educational Objectives**

At the conclusion of these activities, participants will be better able to:

- Employ appropriate assessment, monitoring and documentation strategies to meet best practice standards and medico-legal requirements when treating patients with chronic opioid therapy (COT)
- Apply a practical framework for decision-making on the initiation, dosage modification, and discontinuation of opioid analgesics in the treatment of chronic pain
- Employ consistent practice tools to adequately assess risk in patients being considered for COT and to effectively manage COT
- Confidently counsel patients and caregivers about the safe use of opioid medications and communicate about the need for close monitoring
- Effectively communicate with patients whom you suspect may be misusing opioid analgesics
- Demonstrate increased understanding of general- and product-specific information of ER/LA opioid analgesics

For questions about CME, please contact cme@bu.edu or www.bu.edu/cme.

### Disclosure Policy

Boston University School of Medicine asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relationships with commercial interests. This information is disclosed to CME activity participants. Boston University School of Medicine has procedures to resolve apparent conflicts of interest. In addition, faculty members are asked to disclose when any discussion of unapproved use of pharmaceuticals and devices occurs.

### Off-Label Discussion

This activity does include discussion of the off-label use of sublingual buprenorphine to treat pain. Sublingual buprenorphine has been FDA approved for addiction treatment but not pain treatment. This presentation does include discussion of the off-label use of clonidine and tizanidine to treat opioid withdrawal symptoms. Clonidine and tizanidine are not FDA approved for this use.

# Faculty

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**Dr. Alford** has nothing to disclose with regards to commercial support.

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**Dr. Savage** has nothing to disclose with regards to commercial support.

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**Dr. Webster** is a consultant for Covidien Mallinckrodt, Medtronic, Nektar Therapeutics, and Salix Pharmaceuticals.

# Planning Committee

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Planning committee members have nothing to disclose with regards to commercial support.

# **Advisory Committee**

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Advisory committee members have nothing to disclose with regards to commercial support.

### Accreditation

These activities were planned in collaboration with the Council of Medical Specialty Societies and the Federation of State Medical Boards.

Credit 2.00	Type AMA PRA Category 1 Credit(s)	Accreditation Statement Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.	Designation Statement Boston University School of Medicine designates this enduring material CME activity for a maximum of 2.00 AMA PRA Category 1 Credit(s) <sup>TM</sup> . Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Credit 2.00	Type CE for Nurses	Accreditation Statement Continuing Nursing Education Provider Unit, Boston University School of Medicine is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.	Designation Statement CNE Contact Hours: 2.00, all of which is pharmacology credit worthy.
Credit 2.00	Type AAFP Prescribed Credit	Accreditation Statement This enduring material activity, SCOPE of Pain: Safe and Competent Opioid Prescribing Education, has been reviewed and is acceptable for up to 2.00 Prescribed credits by the American Academy of Family Physicians. Term of approval begins 2/16/2016. Term of approval is one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.	

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### Instructions

Risk Management and Pain Management Credits

This program meets the criteria of the Massachusetts Board of Registration in Medicine for risk management and opioid education. Several states have similar requirements. Please check with your Board to determine if this activity will fulfill your state's specific requirements.

This program meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

This program meets the criteria of the Massachusetts Board of Registration in Medicine for opioid education.

In order to receive credit, participants must view the content of each module and complete the post-test and evaluation for both modules. Participants who receive a grade of 70% or greater on both post-tests will receive credit. **BOTH modules must be completed in order to earn your online certificate of credit.** There will also be an online follow-up survey that will be distributed two months after completion of the program in order to further measure participant's changes in knowledge and behavior.