

# Universal Precautions in Pain Management –A Rational Approach to Management of Chronic Pain

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# Pain is an extremely common primary care complaint

- 80% of office visits are prompted by pain
  - It is not well managed
  - It is often not taken seriously by practitioner or the public
  - Despite effective treatment options, many doctors are “electing” not to get involved
  - Belief that “pain doesn’t kill” is common

# Why is this?

- Fear of iatrogenic problems
  - Abuse / Addiction / Diversion
- Fear of regulatory sanction
- Concern over long-term efficacy
- Lack of time / Inadequate compensation

# Fear of Addiction

- “Real Pain and True Addiction are mutually exclusive”
  - NOT TRUE
    - Prevalence of addiction in General Population is not insignificant (~10% )
    - Literature is biased by imprecise terminology
    - Really have no idea what prevalence is in CNCP
    - “10% of your patients take 90% of your time”

# Opioids are Addicting

- NOT TRUE
  - No evidence in literature that any drug 'causes' addiction
  - Some drugs have higher abuse liability
  - Only in the 'at-risk' population, in the right setting with the right drug does addiction occur

# Fear of Regulatory Sanction (Regulators are Opiophobic)

- NOT TRUE
  - But in the absence of knowledge, they do some strange things
  - Very few prescribers have been investigated by their Medical Boards due to prescription of opioids – even fewer have lost license
  - There is no expectation of physicians to act as “police officers”

# Opioids are ineffective for CNCNP

- NOT TRUE

- Literature clearly shows efficacy of opioids in CNCNP but unclear for how long
- Not equally effective for all patients or for all types of pain, hence the term:

## **“Trial of Opioid Therapy”**

- Need a clear plan to terminate trial, if opioids are ineffective

You can identify “problem patients” easily, if you know what to look for

- NOT TRUE

- Very difficult diagnosis to make in pain patients even with careful limit setting
- No one (aberrant) behavior is pathognomonic of addiction
- Diagnosis of addiction is made prospectively, over time
- Having an addictive disorder does not rule out a treatable chronic pain problem

# Universal Precautions in Infectious Disease

- Need to protect both the health worker (infection) AND the patient (unnecessary stigmatization)
- Inability to accurately identify the “at-risk” patient
- 1985 CDC published ‘Universal Precautions’
  - A set of recommendations if applied to all patients, would reduce the risk of transmission of infectious disease

# Universal Precautions in Infectious Disease

- The elements already existed
  - But not collected together in one document
  - Not universally applied
- By applying to all patients, three goals achieved:
  - Reduced risk to health workers
  - Decreased stigmatization of patients
  - Didn't have to 'know' who was at risk

# Universal Precautions in Pain Medicine

- Striking similarity to infectious disease model
  - At risk population hard to identify
  - Incorrect assessment can lead to patient and practitioner harm
  - All elements of the model currently exist

# Universal Precautions

- How do we implement it?
  - Thoroughly inquire into drug and alcohol history
  - Set boundaries around medication use
  - Identify aberrant behavior
- Triage
  - CNCP patients managed by primary care
  - Those managed with specialist support
  - Tertiary level CNCP patients
- Assess Opioid Responsiveness through rational trials of opioid therapy

# Universal Precautions in Pain Medicine

1. Diagnosis with reasonable differential
2. Psychological assessment including risk of addictive disorders
3. Informed consent
4. Treatment agreement
5. Pre and post-intervention assessment of pain level and function
6. Appropriate trial of Opioid Therapy +/- Adjuvant Meds
7. Reassessment of pain score and level of function
8. Regularly assess the "4 A's" of pain medicine
9. Periodically review pain diagnosis and co-morbid conditions including addictive disorders
- 10. DOCUMENT, DOCUMENT, DOCUMENT**

# Summary

- By consistently applying a basic set of principles to CNCP patients
  - Patient care is improved
  - Stigma is reduced
  - Overall risk is contained
- “Universal Precautions” isn’t about opioid therapy: It’s the basis of sound medical practice