

1  
00:00:03,410 --> 00:00:05,970  
Hello and welcome  
to Mayo Clinic Talks,

2  
00:00:05,970 --> 00:00:07,785  
The Opioid Edition.

3  
00:00:07,785 --> 00:00:09,180  
I'm Tracy McCray and with

4  
00:00:09,180 --> 00:00:10,710  
me today is Dr.  
David Patchett,

5  
00:00:10,710 --> 00:00:12,030  
from Mayo Clinic in

6  
00:00:12,030 --> 00:00:14,190  
Arizona. Hello,  
Dr. Patchett.

7  
00:00:14,190 --> 00:00:16,650  
Hello, how are you?  
Good! Dr. Patchett

8  
00:00:16,650 --> 00:00:18,960  
as a family medicine  
physician board

9  
00:00:18,960 --> 00:00:20,700  
certified in  
family medicine,

10  
00:00:20,700 --> 00:00:23,160  
OMT, and  
integrative medicine.

11  
00:00:23,160 --> 00:00:24,180  
And we'll be talking today

12  
00:00:24,180 --> 00:00:25,590  
about opioid therapy from

13  
00:00:25,590 --> 00:00:28,530  
the primary care  
physician perspective.

14  
00:00:28,530 --> 00:00:29,880  
So Dr. Patchett,

15  
00:00:29,880 --> 00:00:30,510  
what are some of

16  
00:00:30,510 --> 00:00:32,940  
the best practices  
identified

17  
00:00:32,940 --> 00:00:35,775  
for responsibly  
prescribing opioids,

18  
00:00:35,775 --> 00:00:38,649  
specifically from a  
primary care physician?

19  
00:00:38,649 --> 00:00:40,190  
I mean, I think  
the first thing to

20  
00:00:40,190 --> 00:00:41,660  
consider is whether  
opioids are

21  
00:00:41,660 --> 00:00:44,630  
indicated in the  
particular individual

22  
00:00:44,630 --> 00:00:46,970  
and for that situation.

23  
00:00:46,970 --> 00:00:48,830  
So we know that  
opioids have

24

00:00:48,830 --> 00:00:51,620  
a defined role and  
both acute pain and

25  
00:00:51,620 --> 00:00:53,960  
post-surgical  
pain. They're less

26  
00:00:53,960 --> 00:00:56,060  
well-supported in the  
chronic setting, however.

27  
00:00:56,060 --> 00:00:58,295  
A patient should have

28  
00:00:58,295 --> 00:01:00,740  
tried acetaminophen  
or NSAIDs

29  
00:01:00,740 --> 00:01:04,700  
first; also  
non-pharmacologic options

30  
00:01:04,700 --> 00:01:07,610  
should be considered  
prior to opiates.

31  
00:01:07,610 --> 00:01:09,470  
And those would be

32  
00:01:09,470 --> 00:01:11,240  
such things as  
manual medicine,

33  
00:01:11,240 --> 00:01:12,230  
physical therapy,

34  
00:01:12,230 --> 00:01:14,990  
acupuncture, meditation,  
biofeedback,

35

00:01:14,990 --> 00:01:17,000  
et cetera, for patients

36  
00:01:17,000 --> 00:01:18,605  
in chronic pain setting.

37  
00:01:18,605 --> 00:01:20,265  
I think the last  
thing is, is

38  
00:01:20,265 --> 00:01:21,680  
the consideration  
of depression,

39  
00:01:21,680 --> 00:01:22,940  
anxiety are common in

40  
00:01:22,940 --> 00:01:24,320  
chronic pain and

41  
00:01:24,320 --> 00:01:25,640  
need to be  
addressed as well.

42  
00:01:25,640 --> 00:01:27,110  
Though if an opiate is

43  
00:01:27,110 --> 00:01:28,475  
determined appropriate,

44  
00:01:28,475 --> 00:01:30,230  
the state prescription drug

45  
00:01:30,230 --> 00:01:31,970  
monitoring program that

46  
00:01:31,970 --> 00:01:33,350  
should be checked  
prior to starting

47  
00:01:33,350 --> 00:01:35,570  
an opiate and at

least quarterly

48

00:01:35,570 --> 00:01:37,310  
in the chronic setting. If

49

00:01:37,310 --> 00:01:39,620  
an individual is on  
chronic opioid therapy,

50

00:01:39,620 --> 00:01:41,995  
a controlled substance  
agreement form

51

00:01:41,995 --> 00:01:44,900  
should be completed, and  
at least once yearly,

52

00:01:44,900 --> 00:01:46,490  
a random urine drug screen

53

00:01:46,490 --> 00:01:48,200  
should be done; more

54

00:01:48,200 --> 00:01:50,105  
frequently in  
individuals that

55

00:01:50,105 --> 00:01:52,355  
you worry about their  
risks of opiate,

56

00:01:52,355 --> 00:01:54,680  
either diversion or abuse.

57

00:01:54,680 --> 00:01:57,290  
Lastly, opiate dose  
should ideally stay

58

00:01:57,290 --> 00:02:00,830  
below 50 milligram  
morphine-equivalent a day;

59

00:02:00,830 --> 00:02:03,560

And definitely below

90 milligrams.

60

00:02:03,560 --> 00:02:06,140

An individual on high-

dose opiate therapy

61

00:02:06,140 --> 00:02:08,090

should be given a

prescription for

62

00:02:08,090 --> 00:02:10,730

Narcan and they

should be taught

63

00:02:10,730 --> 00:02:11,915

how to use the Narcan,

64

00:02:11,915 --> 00:02:13,775

as well as their

family members.

65

00:02:13,775 --> 00:02:14,990

How do you weigh

66

00:02:14,990 --> 00:02:17,180

the potential

benefits against

67

00:02:17,180 --> 00:02:19,580

a potential

risks initiating

68

00:02:19,580 --> 00:02:21,500

opioid therapy

for a patient?

69

00:02:21,500 --> 00:02:22,880

I think that

the key here is

70

00:02:22,880 --> 00:02:24,230  
we know that the  
opiates have

71  
00:02:24,230 --> 00:02:25,280  
a defined role and both

72  
00:02:25,280 --> 00:02:27,305  
acute and  
post-surgical pain.

73  
00:02:27,305 --> 00:02:29,300  
The limited data  
that support

74  
00:02:29,300 --> 00:02:30,530  
the plays an opiate in

75  
00:02:30,530 --> 00:02:33,080  
chronic pain clearly  
have been study

76  
00:02:33,080 --> 00:02:34,670  
particularly over  
a year and when

77  
00:02:34,670 --> 00:02:36,875  
they've been given for  
over, over a year.

78  
00:02:36,875 --> 00:02:38,120  
And providers need to

79  
00:02:38,120 --> 00:02:39,410  
take a personalized  
approach

80  
00:02:39,410 --> 00:02:40,805  
for patients with pain

81  
00:02:40,805 --> 00:02:42,470  
and carefully weigh  
the risks and

82  
00:02:42,470 --> 00:02:44,765  
benefits in that  
individual.

83  
00:02:44,765 --> 00:02:47,120  
If there is an  
alternative, safer

84  
00:02:47,120 --> 00:02:49,820  
option available than that

85  
00:02:49,820 --> 00:02:51,335  
should be tried first.

86  
00:02:51,335 --> 00:02:53,030  
They're also  
screening tools,

87  
00:02:53,030 --> 00:02:55,265  
which we'll discuss  
later as well

88  
00:02:55,265 --> 00:02:57,770  
to screen patients for

89  
00:02:57,770 --> 00:02:59,675  
potential for opiate  
addiction abuse.

90  
00:02:59,675 --> 00:03:01,550  
The key is ongoing  
assessment of

91  
00:03:01,550 --> 00:03:03,500  
individuals and

92  
00:03:03,500 --> 00:03:05,315  
taking the  
individual patients.

93  
00:03:05,315 --> 00:03:07,460



Are there any  
resources that

94

00:03:07,460 --> 00:03:10,070  
a family practitioner  
can use, either

95

00:03:10,070 --> 00:03:11,630  
in office to help

96

00:03:11,630 --> 00:03:13,430  
assess a patient's  
risk of developing

97

00:03:13,430 --> 00:03:14,945  
an opioid use disorder,

98

00:03:14,945 --> 00:03:16,370  
or in other  
circumstances too, I

99

00:03:16,370 --> 00:03:17,990  
suppose?  
There are, there

100

00:03:17,990 --> 00:03:19,670  
are several  
resources out there,

101

00:03:19,670 --> 00:03:21,005  
the one that I like  
the best

102

00:03:21,005 --> 00:03:23,030  
is opioid risk tool.

103

00:03:23,030 --> 00:03:25,325  
There are a couple  
other longer ones,

104

00:03:25,325 --> 00:03:27,605  
such as the DIRE  
score and the SOAPP-R

105  
00:03:27,605 --> 00:03:30,080  
score. The  
nice thing about

106  
00:03:30,080 --> 00:03:32,420  
the opioid risk  
tool is it's

107  
00:03:32,420 --> 00:03:34,760  
relatively short  
and easy to do in

108  
00:03:34,760 --> 00:03:35,960  
the primary care setting.

109  
00:03:35,960 --> 00:03:37,220  
Which one of those do you

110  
00:03:37,220 --> 00:03:38,300  
use the most out of

111  
00:03:38,300 --> 00:03:39,995  
those ones you  
mentioned?

112  
00:03:39,995 --> 00:03:42,890  
So, I primarily use the  
opioid risk tool

113  
00:03:42,890 --> 00:03:45,020  
and that's, that's  
what our practices

114  
00:03:45,020 --> 00:03:47,480  
and Arizona use in the  
primary care setting

115  
00:03:47,480 --> 00:03:48,410  
because of its ease of

116  
00:03:48,410 --> 00:03:50,765

use, we use that score.

117

00:03:50,765 --> 00:03:54,350

Are there certain  
drugs or substances

118

00:03:54,350 --> 00:03:56,060

that are contraindicated

119

00:03:56,060 --> 00:03:57,710

with opioid therapy?

120

00:03:57,710 --> 00:04:00,320

There are, particularly  
we know the risks of

121

00:04:00,320 --> 00:04:03,230

certain medications,  
when you combine them

122

00:04:03,230 --> 00:04:05,705

with opiates, have  
higher risk of

123

00:04:05,705 --> 00:04:08,690

side effects as  
well as abuse.

124

00:04:08,690 --> 00:04:12,480

And those ones are  
Benzodiazepines, as well

125

00:04:12,480 --> 00:04:14,000

as other respiratory  
depressants,

126

00:04:14,000 --> 00:04:16,250

those triple the risk of

127

00:04:16,250 --> 00:04:18,935

respiratory depression  
and mortality rates

128  
00:04:18,935 --> 00:04:20,930  
from opiates when

129  
00:04:20,930 --> 00:04:23,270  
those are combined  
with opiates.

130  
00:04:23,270 --> 00:04:24,770  
Alcohol consumption can

131  
00:04:24,770 --> 00:04:25,940  
be dangerous as well.

132  
00:04:25,940 --> 00:04:28,160  
Diuretics can reduce  
the efficacy of

133  
00:04:28,160 --> 00:04:30,575  
opiates. Certain drugs,

134  
00:04:30,575 --> 00:04:32,600  
in their interaction  
with the cytochrome

135  
00:04:32,600 --> 00:04:34,520  
P450 system, can either

136  
00:04:34,520 --> 00:04:36,860  
inhibit or induce  
medications,

137  
00:04:36,860 --> 00:04:38,375  
altering the  
opioid levels.

138  
00:04:38,375 --> 00:04:39,815  
And then concurrent  
use with other

139  
00:04:39,815 --> 00:04:43,280  
anticholinergic  
medications, such as

140  
00:04:43,280 --> 00:04:45,470  
those used for people  
with bladder

141  
00:04:45,470 --> 00:04:49,715  
incontinence, may induce  
severe constipation,

142  
00:04:49,715 --> 00:04:51,830  
ileus, urinary  
retention. And then

143  
00:04:51,830 --> 00:04:52,970  
Other, you should monitor

144  
00:04:52,970 --> 00:04:54,725  
with other CNS depressant.

145  
00:04:54,725 --> 00:04:57,410  
So when people move  
from opioids to

146  
00:04:57,410 --> 00:04:59,990  
heroin and if they  
overdosed on heroin,

147  
00:04:59,990 --> 00:05:02,390  
what is it that  
they're usually,

148  
00:05:02,390 --> 00:05:04,775  
is it...is it...that  
there is some sort of

149  
00:05:04,775 --> 00:05:06,140  
combination that is causing

150  
00:05:06,140 --> 00:05:07,355  
them to overdose or what is

151  
00:05:07,355 --> 00:05:10,520

causing that heroin  
overdose then? Typically,

152

00:05:10,520 --> 00:05:11,960  
it's the amount of heroin

153

00:05:11,960 --> 00:05:14,405  
they're giving, and so

154

00:05:14,405 --> 00:05:17,405  
often what they get is  
too high of an amount,

155

00:05:17,405 --> 00:05:18,470  
and so depends on what

156

00:05:18,470 --> 00:05:19,850  
the potency of  
the heroin is

157

00:05:19,850 --> 00:05:21,560  
and in today's market,

158

00:05:21,560 --> 00:05:23,000  
really their risk  
is the fentanyl

159

00:05:23,000 --> 00:05:25,160  
because it is such  
a higher rate of

160

00:05:25,160 --> 00:05:26,780  
respiratory  
depression because

161

00:05:26,780 --> 00:05:29,240  
it's so much more potent  
than even heroin is,

162

00:05:29,240 --> 00:05:31,100  
and they, they  
take this and they're

163  
00:05:31,100 --> 00:05:33,515  
not ready for the  
potency of the,

164  
00:05:33,515 --> 00:05:35,840  
of the fentanyl and  
they get severe

165  
00:05:35,840 --> 00:05:37,460  
respiratory depression  
and that can

166  
00:05:37,460 --> 00:05:39,365  
lead to overdose and death.

167  
00:05:39,365 --> 00:05:41,960  
That's gotta be  
Something, as

168  
00:05:41,960 --> 00:05:43,100  
we started off  
talking about the

169  
00:05:43,100 --> 00:05:46,430  
family members,  
that families

170  
00:05:46,430 --> 00:05:48,140  
don't have any idea  
how to control.

171  
00:05:48,140 --> 00:05:49,040  
I mean, it's one thing if

172  
00:05:49,040 --> 00:05:50,090  
they're on an opioid that,

173  
00:05:50,090 --> 00:05:51,500  
you know, they're on  
that prescription.

174  
00:05:51,500 --> 00:05:52,910

But when they  
start veering off

175  
00:05:52,910 --> 00:05:54,635  
into the other  
areas of that

176  
00:05:54,635 --> 00:05:56,720  
illegal narcotics,

177  
00:05:56,720 --> 00:05:58,895  
that makes it even  
harder, is that right?

178  
00:05:58,895 --> 00:06:00,440  
It does make it harder.

179  
00:06:00,440 --> 00:06:02,180  
And I think  
that's why we are

180  
00:06:02,180 --> 00:06:04,250  
having laws that  
allow people to get

181  
00:06:04,250 --> 00:06:07,430  
Narcan and to give those  
to family members or

182  
00:06:07,430 --> 00:06:09,050  
friends that are  
gonna be with

183  
00:06:09,050 --> 00:06:10,160  
those individuals  
that are still

184  
00:06:10,160 --> 00:06:11,915  
struggling with  
opiate addiction.

185  
00:06:11,915 --> 00:06:14,810  
And I think that getting



people help is key

186

00:06:14,810 --> 00:06:15,770  
and trying to help them get

187

00:06:15,770 --> 00:06:17,480  
into settings  
where they can

188

00:06:17,480 --> 00:06:20,570  
get help, with their  
opioid addictions.

189

00:06:20,570 --> 00:06:22,490  
Um, let's talk  
about possibly

190

00:06:22,490 --> 00:06:24,710  
changing to prescription  
as an option now,

191

00:06:24,710 --> 00:06:27,545  
maybe oxycodone  
or methadone; are

192

00:06:27,545 --> 00:06:29,210  
either of those  
good choices for

193

00:06:29,210 --> 00:06:31,295  
prescribers or maybe  
something else?

194

00:06:31,295 --> 00:06:33,275  
They're really trying  
to limit the use of

195

00:06:33,275 --> 00:06:36,575  
oxycodone because of its

196

00:06:36,575 --> 00:06:42,410  
higher risk of abuse; it  
does promote addiction,

197  
00:06:42,410 --> 00:06:43,820  
so I try to stay  
away from that

198  
00:06:43,820 --> 00:06:45,920  
one, if at all possible.

199  
00:06:45,920 --> 00:06:48,650  
Methadone is a  
very tricky drug

200  
00:06:48,650 --> 00:06:49,970  
and really should  
only be used by

201  
00:06:49,970 --> 00:06:51,170  
someone who has extensive

202  
00:06:51,170 --> 00:06:52,290  
training and  
experience with

203  
00:06:52,290 --> 00:06:54,200  
methadone. And

204  
00:06:54,200 --> 00:06:56,060  
within our setting, the  
primary care setting,

205  
00:06:56,060 --> 00:06:58,070  
we don't use methadone

206  
00:06:58,070 --> 00:07:00,350  
because of those issues. When

207  
00:07:00,350 --> 00:07:01,550  
you train a family member

208  
00:07:01,550 --> 00:07:04,925  
or educate them  
on the Narcan,

209  
00:07:04,925 --> 00:07:07,640  
that's gotta be...  
there has to be

210  
00:07:07,640 --> 00:07:09,140  
more though than  
just saying

211  
00:07:09,140 --> 00:07:10,985  
if you see them overdosing,

212  
00:07:10,985 --> 00:07:12,590  
give them this medication.

213  
00:07:12,590 --> 00:07:14,180  
What other  
things do you tell

214  
00:07:14,180 --> 00:07:16,910  
family members to  
support them while

215  
00:07:16,910 --> 00:07:17,510  
they are supporting

216  
00:07:17,510 --> 00:07:18,800  
this person who  
is addicted

217  
00:07:18,800 --> 00:07:21,500  
or going through that  
opioid dependence?

218  
00:07:21,500 --> 00:07:23,630  
Well, I mean I think  
what I typically

219  
00:07:23,630 --> 00:07:25,190  
do is to try to,

220  
00:07:25,190 --> 00:07:26,840

you know, sit down and  
have a discussion,

221  
00:07:26,840 --> 00:07:27,980  
hopefully with the  
individual that's

222  
00:07:27,980 --> 00:07:29,510  
struggling with  
addiction as well

223  
00:07:29,510 --> 00:07:32,585  
as the family members  
and you know,

224  
00:07:32,585 --> 00:07:36,845  
talk about the  
disease of addiction.

225  
00:07:36,845 --> 00:07:38,300  
I typically recommend they

226  
00:07:38,300 --> 00:07:39,440  
see an addiction  
specialist,

227  
00:07:39,440 --> 00:07:41,810  
which I'm not  
and, and often

228  
00:07:41,810 --> 00:07:43,460  
an inpatient  
setting can be very

229  
00:07:43,460 --> 00:07:45,710  
helpful for those  
with addiction.

230  
00:07:45,710 --> 00:07:47,870  
I also do recommend  
they look for

231  
00:07:47,870 --> 00:07:51,380

somebody that uses a  
particular protocol,

232

00:07:51,380 --> 00:07:53,150  
called the NADA protocol,

233

00:07:53,150 --> 00:07:56,239  
Which is an auricular  
acupuncture protocol,

234

00:07:56,239 --> 00:07:57,680  
that can be done  
in the inpatient

235

00:07:57,680 --> 00:07:59,750  
setting for those with

236

00:07:59,750 --> 00:08:01,160  
addiction. That  
needs to be done at

237

00:08:01,160 --> 00:08:03,260  
a formal training  
center that has those

238

00:08:03,260 --> 00:08:05,390  
that are trained with  
NADA protocol

239

00:08:05,390 --> 00:08:06,410  
and help those with

240

00:08:06,410 --> 00:08:07,925  
addiction. And  
that does seem to

241

00:08:07,925 --> 00:08:09,770  
improve outcomes

242

00:08:09,770 --> 00:08:11,645  
and those  
individuals as well.

243  
00:08:11,645 --> 00:08:13,190  
Can you tell me a  
little bit more

244  
00:08:13,190 --> 00:08:14,885  
about that NADA protocol?

245  
00:08:14,885 --> 00:08:16,430  
Yeah. You know, I  
haven't been formally

246  
00:08:16,430 --> 00:08:18,110  
trained but I can  
tell you it's a

247  
00:08:18,110 --> 00:08:20,270  
it's a five  
acupuncture point

248  
00:08:20,270 --> 00:08:23,540  
that has improved  
the ability

249  
00:08:23,540 --> 00:08:25,700  
of individuals to stay off

250  
00:08:25,700 --> 00:08:27,290  
of addictive substances

251  
00:08:27,290 --> 00:08:29,495  
including alcohol  
and tobacco.

252  
00:08:29,495 --> 00:08:31,340  
And there's been  
several trials

253  
00:08:31,340 --> 00:08:32,240  
that have shown that they,

254  
00:08:32,240 --> 00:08:33,710  
they improved their, length

255  
00:08:33,710 --> 00:08:35,945  
the time off of the drugs.

256  
00:08:35,945 --> 00:08:37,730  
And so when it's

257  
00:08:37,730 --> 00:08:39,950  
combined with the  
typical therapy in

258  
00:08:39,950 --> 00:08:42,455  
the inpatient  
detoxification center,

259  
00:08:42,455 --> 00:08:43,775  
it is beneficial.

260  
00:08:43,775 --> 00:08:45,320  
Wow, that's impressive;

261  
00:08:45,320 --> 00:08:46,655  
never heard of that before.

262  
00:08:46,655 --> 00:08:48,440  
Do you...when you  
mention this

263  
00:08:48,440 --> 00:08:50,030  
with a patient that you are

264  
00:08:50,030 --> 00:08:51,770  
concerned that there might

265  
00:08:51,770 --> 00:08:53,975  
be some dependency  
that is developing,

266  
00:08:53,975 --> 00:08:56,689  
are most patients receptive

267

00:08:56,689 --> 00:08:59,810  
of that information  
or do they disagree?

268  
00:08:59,810 --> 00:09:01,460  
I think it depends on

269  
00:09:01,460 --> 00:09:03,965  
where they're at in the  
behavior change cycle.

270  
00:09:03,965 --> 00:09:05,870  
So some of them are

271  
00:09:05,870 --> 00:09:07,865  
just not ready to  
make a change;

272  
00:09:07,865 --> 00:09:10,250  
they are still in

273  
00:09:10,250 --> 00:09:11,300  
the throes of addiction

274  
00:09:11,300 --> 00:09:12,230  
and aren't ready to  
make a change.

275  
00:09:12,230 --> 00:09:13,340  
So it depends on  
Where they're at in

276  
00:09:13,340 --> 00:09:14,780  
the behavior change cycle,

277  
00:09:14,780 --> 00:09:17,059  
how willing to accept

278  
00:09:17,059 --> 00:09:20,150  
and to move forward with  
trying to get treatment.

279



00:09:20,150 --> 00:09:21,800  
Well, that is our time

280  
00:09:21,800 --> 00:09:23,150  
for Mayo Clinic  
Talks today.

281  
00:09:23,150 --> 00:09:25,370  
The Opioid Edition.  
Once again,

282  
00:09:25,370 --> 00:09:27,020  
thanks to Dr. David  
Patchett from

283  
00:09:27,020 --> 00:09:29,030  
Mayo Clinic in Arizona  
for being my guest.

284  
00:09:29,030 --> 00:09:31,025  
Thanks, Dr.  
Patchett. Thank you.

285  
00:09:31,025 --> 00:09:33,695  
Remember if you  
enjoyed this podcast,

286  
00:09:33,695 --> 00:09:36,200  
please subscribe and  
share with a friend.

287  
00:09:36,200 --> 00:09:37,590  
Healthcare  
professionals looking

288  
00:09:37,590 --> 00:09:39,020  
To claim CME credit for

289  
00:09:39,020 --> 00:09:41,750  
this podcast can go to

290  
00:09:41,750 --> 00:09:45,530  
[ce.mayo.edu/opioidpc](http://ce.mayo.edu/opioidpc) and

291

00:09:45,530 --> 00:09:52,080

register that's CE

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