

Deformity from scoliosis



Kelly

28 year old female with chronic back pain

Referred by GP seeking assistance for pain management

- Hx of progressively worsening thoracolumbar back pain over 5 years
- PH: moderate thoracic kypho scoliosis treated with bracing, then Harrington rods (teenage years), now 'satisfactory' alignment (rods out)



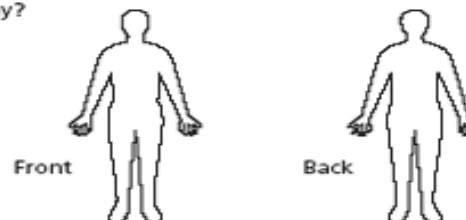
Brief Pain Inventory

Name _____ Date _____ Time _____

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, toothaches). Have you had pain other than these everyday types of pain today?

1. Yes 2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Please rate your pain by circling the one number that best describes your pain at its worst in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on average.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

7. What treatment or medication are you receiving for the pain?

8. In the past 24 hours, how much relief have pain treatments or medication provided? Please circle the one percentage that most shows how much relief you have received.

0% 10 20 30 40 50 60 70 80 90 100%
No relief Complete relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General activity

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

B. Mood

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

C. Walking ability

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

D. Normal work (includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

E. Relations with other people

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

F. Sleep

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

G. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

H. Ability to concentrate

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

I. Appetite

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

Kelly

- Pain varies 9/10 to 6/10
- 'Aching' spinal pain
- Exacerbated by activity and standing
- Imperfectly relieved by medication
- Good physical health otherwise , ex smoker
- Single mother on a pension, 3 year old daughter
- Last worked as administrative officer 4 years ago
- Left school at 17 years old

Kelly

Medication: Oxycontin (oxycodone SR) 80mg tds, started 2 years ago at lower dose

No benefit :

- Tramadol
- Brufen
- Panadeine Forte 10/day(500mg paracetamol + 30mg codeine). Digesic
- Physiotherapy, exercise
- Hot packs



Kelly

- Physical Exam
 - Tall and slender BMI 19
 - Mild kyphoscoliosis, scar from spinal surgery. Spine stiff with reduced thoracic rotation and flexion extension etc.
 - No neurological deficit in limbs
 - Walks evenly

Comments

Kelly, Addiction Screening

- Ex IVDU heroin 2 years
- Ex smoker
- Family History: Parents divorced, Father was an alcoholic
- Not on Opioid Substitution Therapy (OST) or Maintenance Therapy for several years now

Aberrant behavior

- Often seeks early scripts from GP
- Dose has escalated from initial 20mg Oxycontin b.d. 2 years ago

Opioid Risk Tool Clinician Form

(includes point values to determine scoring total)

Mark each box that applies:

1. Family History of Substance Abuse:

	Female	Male
Alcohol	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal Drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Prescription Drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4

2. Personal History of Substance Abuse:

Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal Drugs	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4
Prescription Drugs	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 5

3. Age (mark box if between 16-45)

<input type="checkbox"/> 1	<input type="checkbox"/> 1
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4. History of Preadolescent Sexual Abuse

<input type="checkbox"/> 3	<input type="checkbox"/> 0
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5. Psychological Disease

Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Scoring Totals **5 to 10** _____

The patient can be placed into one of three opioid risk categories based on their total score.

- Low Risk = 0 - 3 points
- Medium Risk = 4 - 7 points
- High Risk = 8 points and above

Carolyn Arnold 22/3/2010

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Treatment plan

- Multi-disciplinary assessment: offered a group CBT programme including physical components
- Referred to community Drug and Alcohol programme for guidance re opiate reduction

Progress:

- Often late for group sessions
- Missed 3 of 8 sessions
- At medical review increased the Oxycontin dose (by GP)

Drug & Alcohol input

- Switched to fentanyl 100mcg/hr. patch
- After 3 months reviewed in D&A
- Returned to Oxycontin Prescription at 80 mg tds

Reflection

- Early contact with LMO by phone to set up an agreed approach
- Lack of integrated Drug and Alcohol management/ role of pain physician as amateur addiction physician
- Access to urine screening
- Tag all pts >120mg morphine equivalent orally per day for special clinic
- Systems approach to problem of inappropriate use of opioids

Incorporating Risk Level into Pain Management

Group III –Co-management with a tertiary specialist

Written agreement, random UDTs 1-2x per month, pill counts
Exhaust all other options before considering opioids
Dispensing daily /weekly, less “abusable” medications

Group II –Primary Care with consultation

More assessment and focus on functional goals. Written agreement, UDT 3-4x per year, collateral information. Follow-up monthly, dispense q 2 wks, choose opioids carefully

Group I –Treatment by Primary Care

Utilize all Tx options, including opioids, focus on S/E
Verbal or written agreement, UDT 1-2x per year
F/U q 2-3 months, meds dispensed q 4 weeks



4 A's

- **Analgesia:** modest but meaningful
- **Activities of Daily Living:** psychosocial function
80% report improvement
- **Adverse effects;** SE common but tolerable
- **Aberrant drug taking** (addiction related
outcomes-, managed)