Workgroup

Managing Co-Occurring Chronic Pain and Substance Use Disorders

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Key Issue #1

What behavioral interventions for chronic pain among patients with SUDs improve pain outcomes?

Evidence:
-Good evidence for psychological interventions (CBT, ACT, MBSR) in patients with both conditions in specialty SUD settings
-Evidence for exercise/movement in efficacy for pain generally, and feasibility in patients with SUD

Research Question

Hybrid effectiveness implementation studies to understand:

-Use in primary care, within VA care models
-Relative weight of pain vs. addiction content
-Who can deliver
-How to combine modalities and with medications
-Mechanisms
-Moderators of effectiveness
-Increase effect sizes and Veteran engagement
-Delivery modes that improve access (e.g., telehealth)

Policy Recommendations

Disseminate evidence-based combined psychological interventions (Ilgen et al., Barry et al.)

-Potential barriers are lack of provider buy-in to importance and lack of training

-Training to fidelity standard

-Stakeholders: OMHSP

Key Issue #2

What is the effectiveness of buprenorphine for chronic pain compared to placebo or other analgesics?

Evidence:
-Some formulations have evidence and are approved for pain (e.g.: transdermal and buccal)
-Well-established treatment for OUD; unclear evidence for other formulations for pain treatment across spectrum of opioid use problems

Research Questions: #1

Bup/nx vs. alternatives (traditional taper) once tapering from LTOT is indicated

Potential adaptive study designs where initially unexposed patients are offered bup/nx if do not tolerate initial allocation

Research Questions: #2

Compare buprenorphine vs. other analgesics on pain and functioning for patients with chronic pain

-potentially focus on opioid-naïve individuals
-SUD history
-potentially hybrid design
-secondary outcome of treatment retention

Research Questions: #3

Test interventions to improve communication with patients about pain, opioids, and buprenorphine

Research Questions: #4

Well-designed observational studies to examine questions in #1 and #2

-Additional outcomes include mortality, long-term retention

Policy Recommendations

Either add “physiologic opioid dependence/complex persistent dependence” as an indication for SL bup (*preferred*) vs. Increase use of TD and buccal buprenorphine *(note: won’t be appropriate when tolerant to high dosages, some concern about trial COI)*

Barriers: costs, clinical inertia, lack of provider knowledge, Veteran concerns

Tools: academic detailing, informational resources

Stakeholder: PBM

ESP evidence synthesis

Managing acute pain among patients on MOUD

Summary of 8 studies:

- Continuing the use of buprenorphine and methadone after surgery may reduce the need for additional opioids;
- Patients with OUD on MAT are opioid-tolerant and need higher doses of opioid agonists for effective pain control
- Ineffective management of acute pain in OUD patients taking methadone can lead to disengagement in care.
- Future research needed to evaluate effectiveness of adjuvant non-opioid pharmacological and non-pharmacologic acute pain management strategies for patients with OUD taking methadone and buprenorphine.

Broad Research Recommendations

1. Include patients with SUDs in trials of pain treatments whenever possible
2. Avoid age cut-offs so that results can inform CMS policy
3. Consider potential SUD-related harms of cannabis, ketamine, and gabapentin for pain

Data needs

1. Non-VA opioid/controlled substance exposure (nation-wide PDMP data)
2. Functional measures (e.g. PEG) in CDW
3. Automated assessment of “toxicology consistent with therapy”
4. NLP indicators for “intending to taper”, “opioid misuse,” “harm outweighs risk”

Cross-Cutting Issues

Context such as SDoH, multimorbidity, trauma

Consider setting, timing, patient insight and severity, clinician insight

How to define spectrum of opioid use problems, failed LTOT

Need scalable approaches that improve access

What are the goals of looking at chronic pain and SUD together?

- -Improved effectiveness
- -Improved efficiency
- -Avoiding potential SUD harms of novel pain treatments