

Lets Talk about Drugs

SCPCN CHRONIC PAIN PROGRAM
PAIN MEDICATION FUNDAMENTALS WORKSHOP
CECLI ZENUK, PHARMACIST



BEFORE WE GET STARTED

VIRTUAL CONSENT:

Please see your copy of the Participation Agreement that includes consent for virtual participation. Should you have any questions regarding this consent, please contact privacy@scpcn.ca

PRIVACY:

To respect your privacy and the privacy of the other workshop participants, it is important for you to be in a quiet, private space when you participate in this workshop. We will not at any time be recording our virtual workshops, nor will participants be able to record them.

SECURITY:

Understand that confidentiality cannot be guaranteed due to unknown vulnerabilities in technology security. Ensure you use a private computer/device that is password enabled and you access a private network versus open guest Wi-Fi connection.

GROUP NORMS & GUIDELINES

1. If not already done, please rename yourself so that only use your **first name** is visible.
2. **Private, quiet space.** Only those registered may attend.
3. We **recommend using headphones** to keep the conversation confidential.
4. **Turn virtual backgrounds off.**
5. Sensitive/personal information that is shared in the group stays in the group.

EXPECTATIONS

- Respect
- Safe space
- Confidential
- Comfort
- Phone silent and away



VIRTUAL ETIQUETTE

1. If you have technical issues, please refer to the zoom patient handout or website for troubleshooting. Your host is unable to assist you.
2. **Mute** yourself when not speaking to limit background noise.
3. **Raise a Hand** function is available if you have a question.

DISCLOSURE

Presenting pharmacist has nothing to disclose

(i.e not receiving any financial incentives from pharmaceutical or other companies)

MINDFULNESS

Paying attention, in the present moment, on purpose, without judgement

Pain takes a huge toll on our lives

Thank you for being open to this session

Being present for this moment



LET'S GET STARTED! TODAY'S WORKSHOP TOPICS

Role of Medications
in Chronic Pain
Management

Establishing goals
and monitoring
plan for Meds

**MEDICATION
OVERVIEW**

Review Main
Classes of Pain
Medications

Question and
Answers?

WORKSHOP OUTCOME GOALS

Increased confidence and understanding about medication use

Know what medications you may be taking and why (for pain)

Learn about potential risks, benefits and side effects

Monitoring your medication use along with care providers

THINGS TO NOTE....

while discussing various medications that could be used as pain management therapy ...

It is important to note that not all medications discussed may be appropriate or helpful for you for several reasons - for example medical conditions, allergies, age, pregnancy, drug interactions etc..

Healthcare providers use evidence informed decisions and your preferences to tailor treatment plans to YOU

Not everyone who tries a medication will have a similar beneficial response and/or side effect

An estimated 30% of people will positively respond or have side effects to a fake pill that contains no active ingredient – "placebo effect"

Types of Pain

Neuropathic

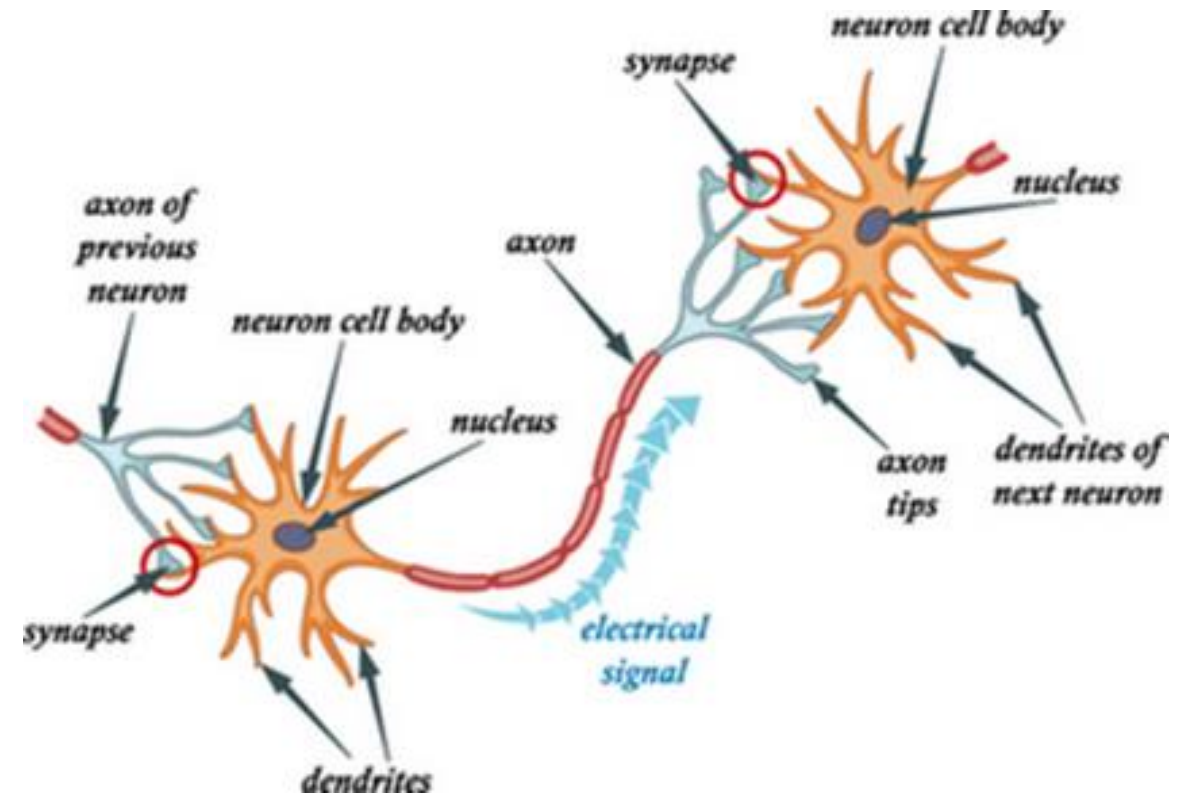
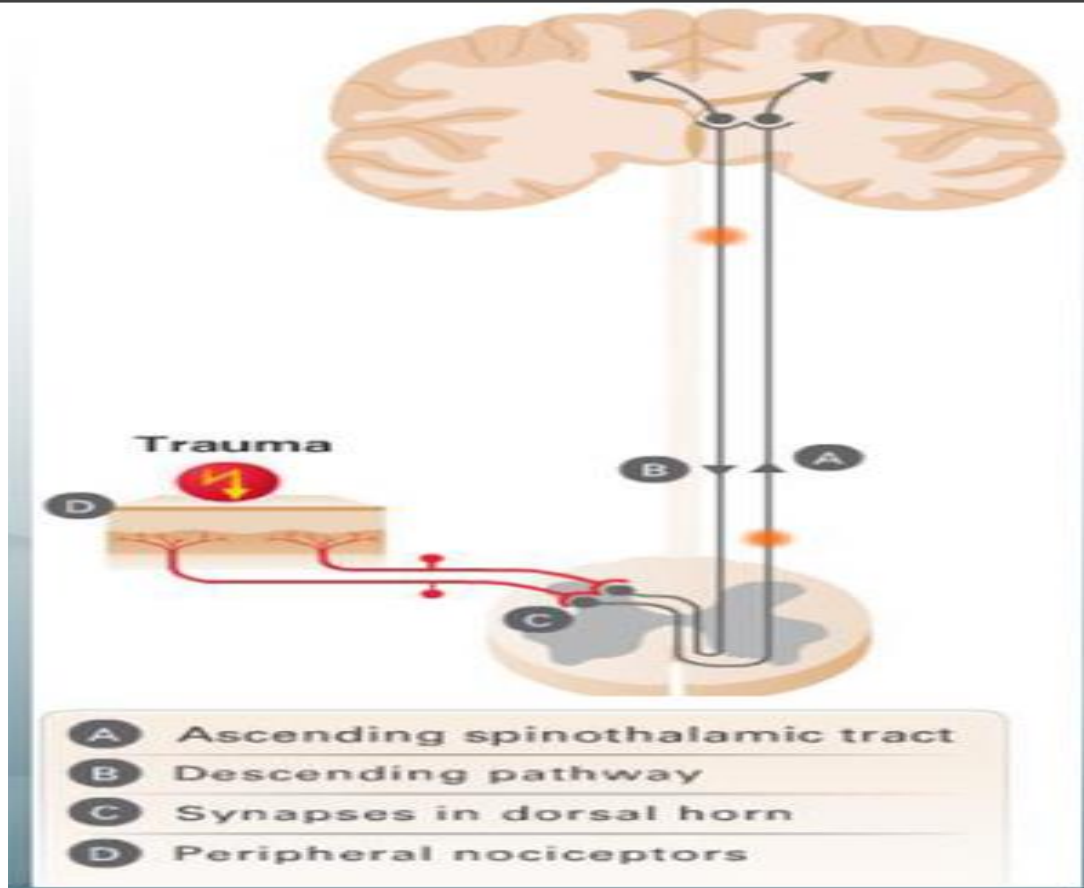
Nociceptive

Central
Sensitization

MIXED

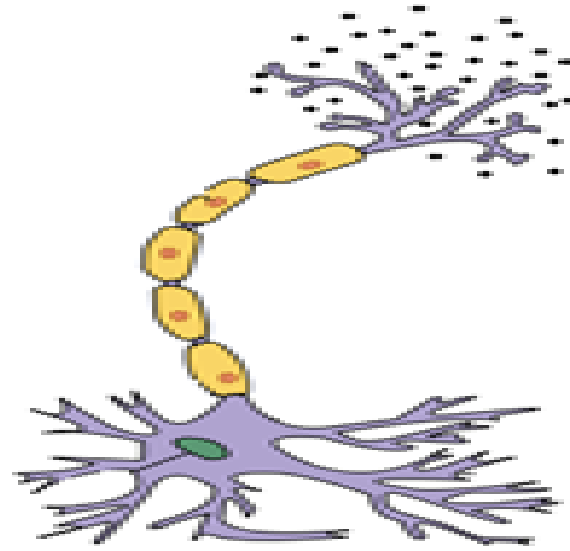


Pain Response



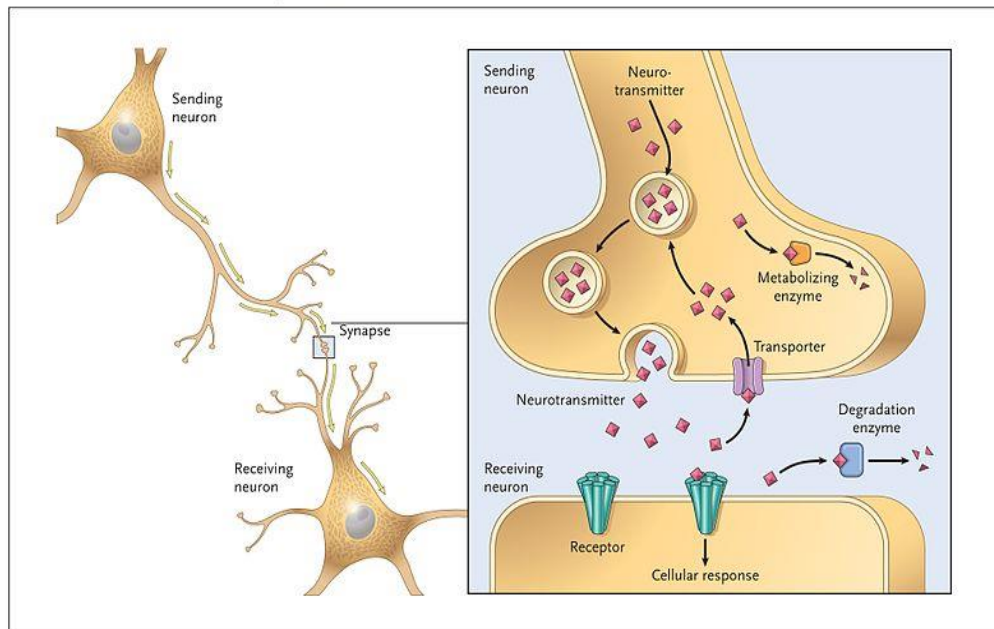
Brainman: Understanding pain and what to do about it

—<https://www.youtube.com/watch?v=qEWc2XtaNwg>



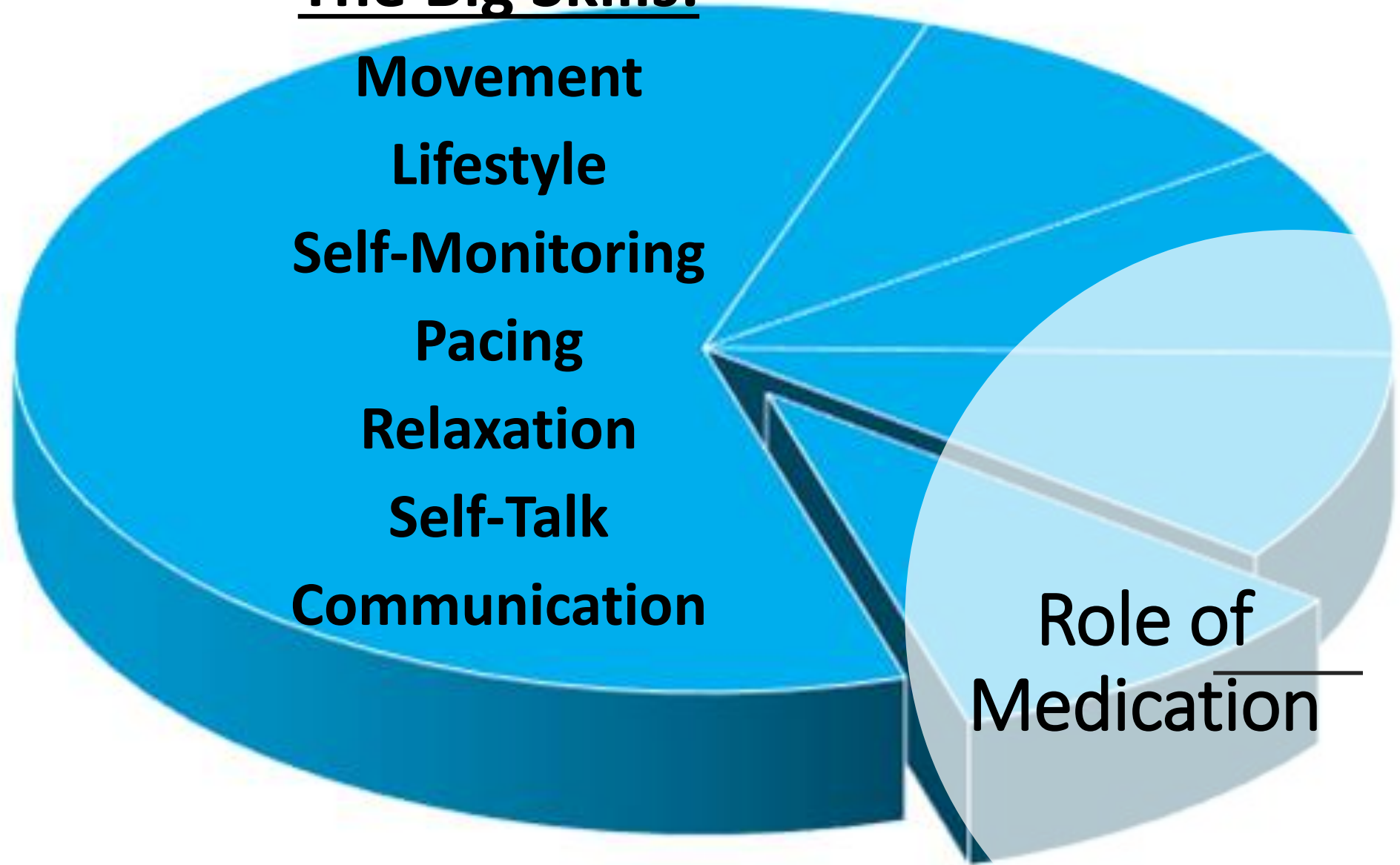
How do medications work?

Generic Neurotransmitter System



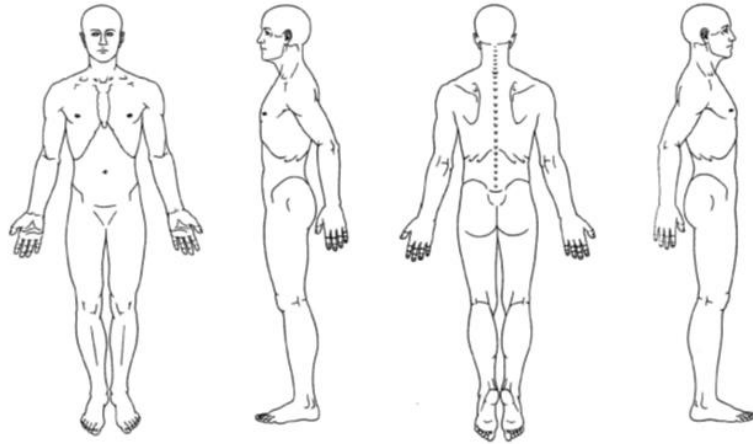
Messages are passed from one nerve cell to the next using chemicals (neurotransmitters)

The Big Skills:



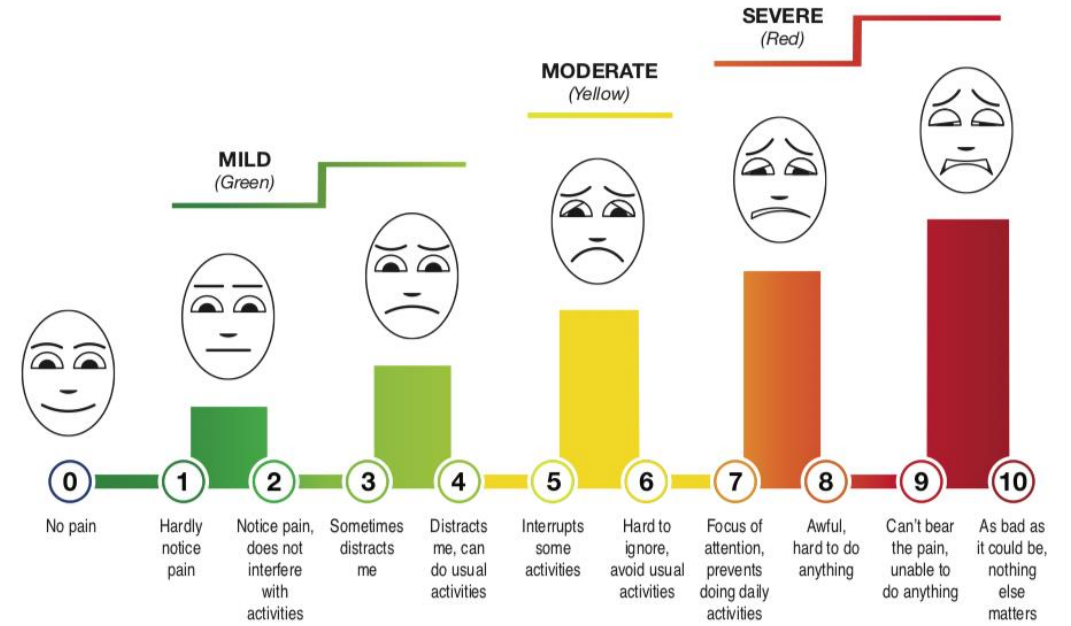
Mark the area on the drawing where you feel your pain. Include all affected areas. If your pain radiates, draw an arrow from where it starts to where it stops. Use the symbols listed below to further describe your pain.

Ache >>>> Numbness ++++ Pins and Needles oooo
 Burning xxxx Stabbing //// Throbbing #####
 Itching **** Tearing ----- Other: _____



1. What number best describes your pain on average in the past week?
 0 1 2 3 4 5 6 7 8 9 10
 No pain Pain as bad as you can imagine
2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes
3. What number best describes how, during the past week, pain has interfered with your general activity?
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

Defense and Veterans Pain Rating Scale



v 2.0

Pain Assessment Tools

Or question sheets

Medication Myths and Facts

For each question, determine if it is **True** or **False**

Medication Myths and Facts

**30% Relief in pain
may be expected
from your medication?**



TRUE

Medication Myths and Facts

Caffeine is the most widely used psychoactive drug in the world?



TRUE

MEDICATION MYTHS AND FACTS

If I take my medications exactly as prescribed, I won't have any side effects.

Add picture

FALSE

MEDICATION MYTHS AND FACTS

If my medication is no longer helping my pain I need a larger dose?

Add picture

FALSE

MEDICATION MYTHS AND FACTS

If I stop my medications at once, I
will have PAIN and Side effects

Add picture

TRUE

IF ALL MEDICATIONS WORKED WELL
FOR EVERYONE, WE WOULD ONLY
HAVE ONE PAIN MEDICATION, ONE
SLEEPING MEDICATION AND ONE
ANTIDEPRESSANT..

REALITY IS VERY DIFFERENT



GOALS OF MEDICATION THERAPY



30% pain relief may be expected

- Pain may decrease from 8/10 to 6/10
- Decrease pain from severe to moderate

Improve function and quality of life

Weighing pain relief with acceptable side effects

GOALS OF MEDICATION THERAPY

Think about what YOUR
specific goals are..



EXAMPLE OF SMART GOALS

My opioid medication is affecting my memory and my ability to return to work. In the next six months I would like to reduce it to a dose that does not impair my memory so I can do my job well.



I want to start a medication to help reduce the nerve pain in my legs so I can be able to walk my dog every morning by the time that summer rolls around.

“IF” AND “THEN WHAT”



You develop a
side effect?



Don't achieve
your goal?



What will cause
you to stop using
the medication,
what are you
willing to
tolerate before
you continue?



When will you
re-evaluate your
medication to
decide if you still
need it?

CHRONIC PAIN MEDICATIONS

Important to discuss medication options with your treatment team and have a plan that is specific to you, your goals and your concerns.

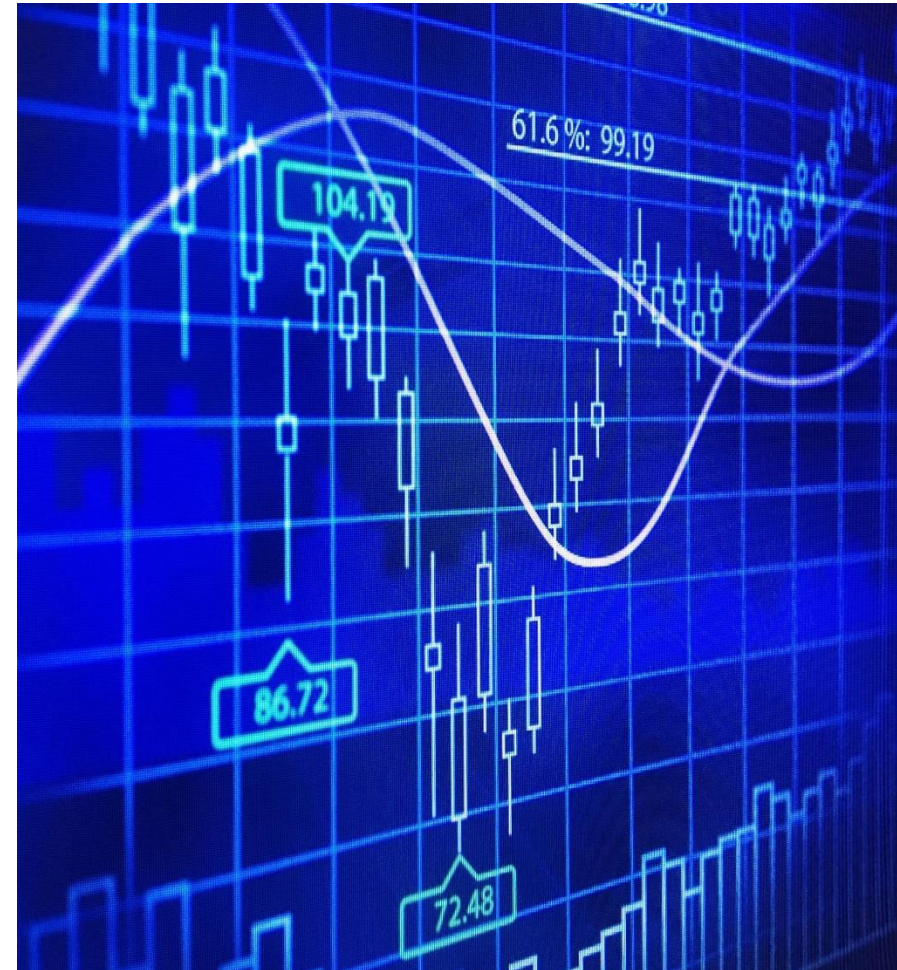


MONITORING

Remember medication goals

Frequent monitoring of pain, functioning and possible side effects

Only one medication change at a time



CHRONIC PAIN MEDICATIONS

Are there any medications you have tried or are currently taking for management of your pain?

Do you have specific questions you hope to be addressed today?

CHRONIC PAIN MEDICATION CLASSES:

Acetaminophen

Non-steroidal
antiinflammatory
drugs (NSAID)

Tricyclic
Antidepressants
(TCA)

Serotonin
Norepinephrine
Reuptake
Inhibitors (SNRI)

Anti-epileptics

Opioids

Cannabinoids

Muscle relaxants

Topical creams

Natural Health
Products

ACETAMINOPHEN (TYLENOL®)

Well-tolerated

May help with pain, fever, NOT inflammation (swelling)

Liver toxicity: increased risk with higher doses, chronic daily use, age, alcohol use, previous liver disease

Maximum: 4 grams/day (4000 mg/day)

- if used daily, **MAX 3 grams/day (3000 mg/day)** recommended
- Watch for hidden sources (e.g. cough and cold products, codeine products)

NSAIDS AND COX-2 INHIBITORS

Non-Steroidal Anti-Inflammatory Drugs

Ibuprofen (Advil[®], Motrin[®]), Naproxen (Aleve[®]), Diclofenac (Voltaren[®]), ketorolac, COX2 = Celebrex[®]

Decrease prostaglandins (naturally-occurring chemicals in your body which cause inflammation)

Used for inflammation, muscle and joint pain, migraines

PAIN MEDICATION STUDY

Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain: The SPACE Randomized Clinical Trial

[Erin E Krebs^{1,2}](#), [Amy Gravely¹](#), [Sean Nugent¹](#), [Agnes C Jensen¹](#), [Beth DeRonne¹](#), [Elizabeth S Goldsmith^{1,3}](#), [Kurt Kroenke^{4,5,6}](#), [Matthew J Bair^{4,5,6}](#), [Siamak Noorbaloochi^{1,2}](#)

PMID: 29509867, PMCID: [PMC5885909](#), DOI: [10.1001/jama.2018.0899](#)

NSAIDS AND COX-2 INHIBITORS

Common side effects:

- nausea
- stomach upset

Take with food

Serious side effects:

- Increased risk of heart attack, stomach bleeding, kidney failure
- Stomach protection with proton-pump inhibitor (PPI) eg. Pantoprazole (Pantoloc[®])
- COX-2 Inhibitor: Celecoxib (Celebrex[®])
 - May be safer for stomach

Prescription + over the counter + aspirin use

= increased risk of side effects

MEDICATION OVERUSE HEADACHE

Using

Using NSAIDs or acetaminophen more than **15 days**/month

Reducing

Reducing your use may help you experience fewer headache days/month or a lower severity of headache. Others may experience no change.

ANTIDEPRESSANTS: TCAS

Tricyclic Antidepressants

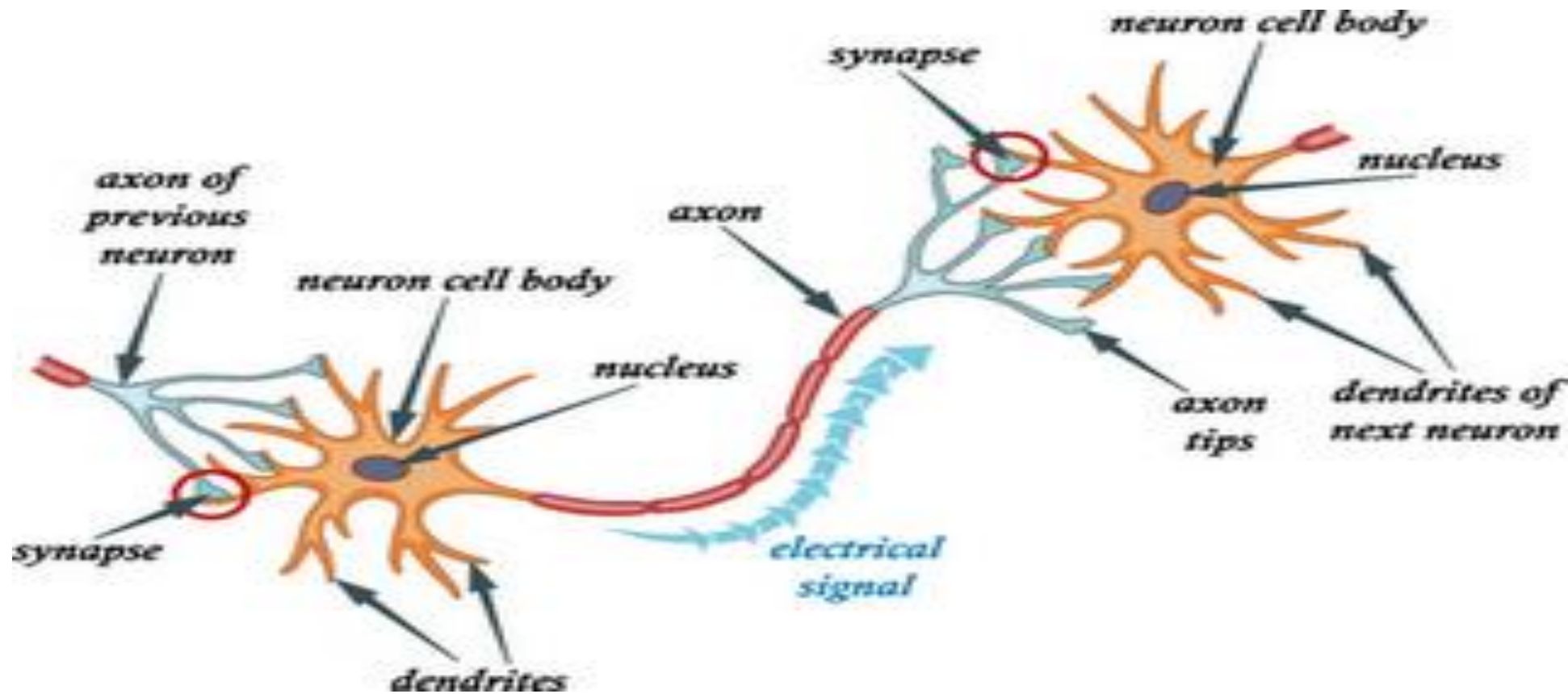
Amitriptyline (Elavil®), Nortriptyline (Aventyl®)

Increase serotonin and norepinephrine

- naturally occurring chemicals in your body important for decreasing the likelihood that your brain will produce pain

Often used for nerve pain or migraine prevention

ANTIDEPRESSANTS: TCAS



ANTIDEPRESSANTS: TCAS

Common side effects:

- Sleepiness (1 in 3), dry mouth (1 in 3), balance problems (1 in 5), blurred vision, constipation, difficulty urinating, weight gain (2-5lbs)

Serious side effects:

- Suicidal thoughts, irregular heart beats, seizures, (if overdose)
(Generally, avoid use in elderly)

ANTIDEPRESSANTS: TCAS

- May take a few weeks for pain relief.
- A smaller dose is needed for pain than for depression.
- May be helpful for sleep. Take at bedtime.
- Slowly increase dose. Slowly decrease dose when stopping.

ANTIDEPRESSANTS: SNRIS

Serotonin and Norepinephrine Reuptake Inhibitors

Duloxetine (Cymbalta[®]), Venlafaxine (Effexor[®]),

Increase serotonin and norepinephrine

- naturally occurring chemicals in your body important for decreasing the likelihood that your brain will produce pain

Often used for neuropathic pain, fibromyalgia, low back pain

ANTIDEPRESSANTS: SNRI

Common side effects:

- nausea (1 in 4), dry mouth (1 in 10), headache (1 in 7), drowsiness (1 in 10), dizziness (1 in 10), difficulty sleeping (1 in 10)

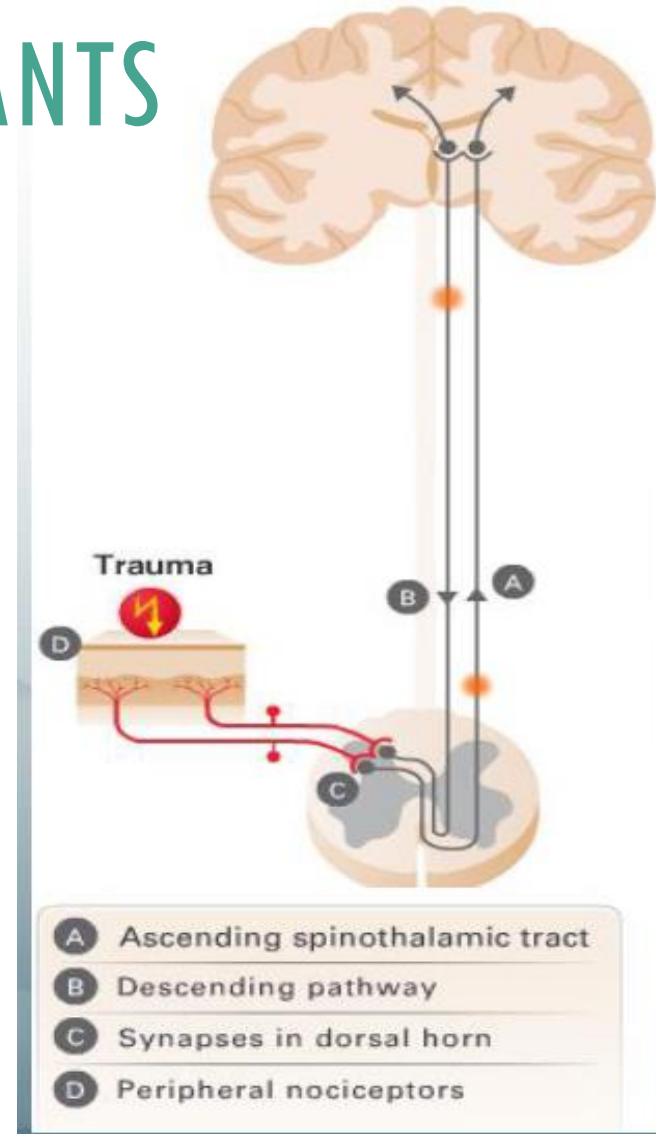
Be aware of withdrawal effects – do not suddenly stop taking.

- Need to slowly decrease dose to avoid withdrawal symptoms such as: flu-like symptoms, body shocks, poor sleep, worsening mood

ANTIEPILEPTICS/ANTICONVULSANTS

Gabapentin (Neurontin[®]),
Pregabalin (Lyrica[®]), Topiramate
(Topamax[®]), carbamazepine

- Reduce the electrical or chemical messages that are sent to the brain
- Often used for nerve pain or migraine prevention



ANTIPILEPTICS

Common side effects:

Drowsiness (1 in 7),
dizziness (1 in 5),
unsteadiness (1 in 7),
unable to think clearly,
changes in mood,
weight gain (5 + lbs)

May take a few weeks for pain relief.

Start with low doses and increase slowly.

Do not stop suddenly. Important to decrease dose over several days when discontinuing.

MUSCLE RELAXANTS / ANTISPASM

Baclofen (Lioresal®)

Act in the brain and spinal cord to relieve muscle stiffness and spasms

Common side effects:

- Drowsiness, dizziness, nausea, weakness

MUSCLE RELAXANTS

Cyclobenzaprine (Flexeril®)

Works similarly to some antidepressants since it increases norepinephrine and serotonin. Effect linked to sedation

Common side effects: drowsiness/fatigue, slowed cognition, dizziness, dry mouth

Monitor for very rare risk of serotonin syndrome if on other medications that also increase serotonin.

- Symptoms include: restlessness, diarrhea, high blood pressure and heart rate, sweating, rigid muscles

IDENTIFY WHERE MEDICATIONS MAY FIT IN YOUR TOOL BOX?

Using a Medication Care Plan, list 2 medication related therapy goals you would like to accomplish during your time at the pain clinic. How do you plan to do this?

Write down 2 things you learned today.



QUESTIONS? THOUGHTS?



SESSION #2:

PAIN MEDICATION FUNDAMENTALS GROUP WORKSHOP



GUIDED MINDFULNESS



<https://www.uclahealth.org/marc/mpeg/Body-Scan-Meditation.mp3>

SESSION 2 OVERVIEW

Reflection, Questions
from last week

Topical Compounds

Natural Health
Products

Cannabis

Review role of opioids
in pain management

Discuss terms including
physical dependence,
tolerance, withdrawal,
poisoning

Pain management
toolbox

Resources

Question & Answer

Feedback form,
understanding check

TOPICAL AGENTS (COMPOUNDS)

Many pharmacies are able to create compounded creams using various medications including:

- Diclofenac, ketoprofen
- Gabapentin
- Lidocaine
- Amitriptyline
- Baclofen
- Ketamine



TOPICAL AGENTS

Benefits:

- Little to no side effects
- Tailor ingredients to meet your specific pains
- No drug interactions
- Able to treat a specific area

Drawbacks:

- May/May-Not help
- Skin irritation
- Can be expensive
- Frequent application (usually 3-4 times daily)
- Creams can feel sticky

NATURAL HEALTH PRODUCTS (NHPS)



Include the following:

- Vitamins and minerals
 - Herbal remedies
 - Homeopathic medicines
 - Traditional medicines
 - Probiotics
-
- Usually over the counter and do not require a prescription

NATURAL HEALTH PRODUCTS

Various supplements, vitamins and minerals which may be helpful in chronic pain or other related symptoms such as difficulty sleeping or mood.

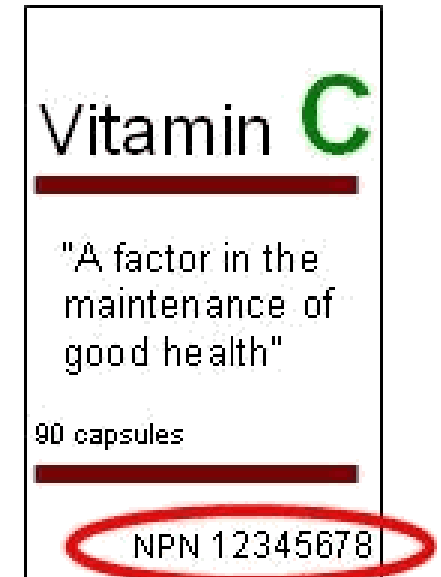
Talk to your pharmacist or physician/nurse practitioner/prescriber to make sure they are okay to take with your other medications. Just because they are natural does not mean they are always safe.

- may Interact with other medications, side effects, effect medical conditions

NATURAL HEALTH PRODUCTS

How to use NHPs safely:

- Talk to a healthcare professional, especially if you are elderly, pregnant or breast feeding, serious medical conditions, using other medications
- Use approved products (contain a NPN or DIN-HM number which ensure they are licensed)
- Be skeptical of health related claims that seem too good to be true
- Follow instructions



<https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/regulation/about-products.html>

NATURAL HEALTH PRODUCTS

Magnesium

- May be helpful for headaches, chronic pain, constipation, sleep.
- Citrate form most widely available.
 - Biglycinate form may be easier on stomach and more absorbable
- Start with 150mg daily (bedtime?), increase up to 600mg daily as tolerated
- Caution with some medications - space 2 hours from other medications
- May cause diarrhea or upset stomach

NATURAL HEALTH PRODUCTS

Turmeric (anti-inflammatory)

Omega-3 (anti-inflammatory)

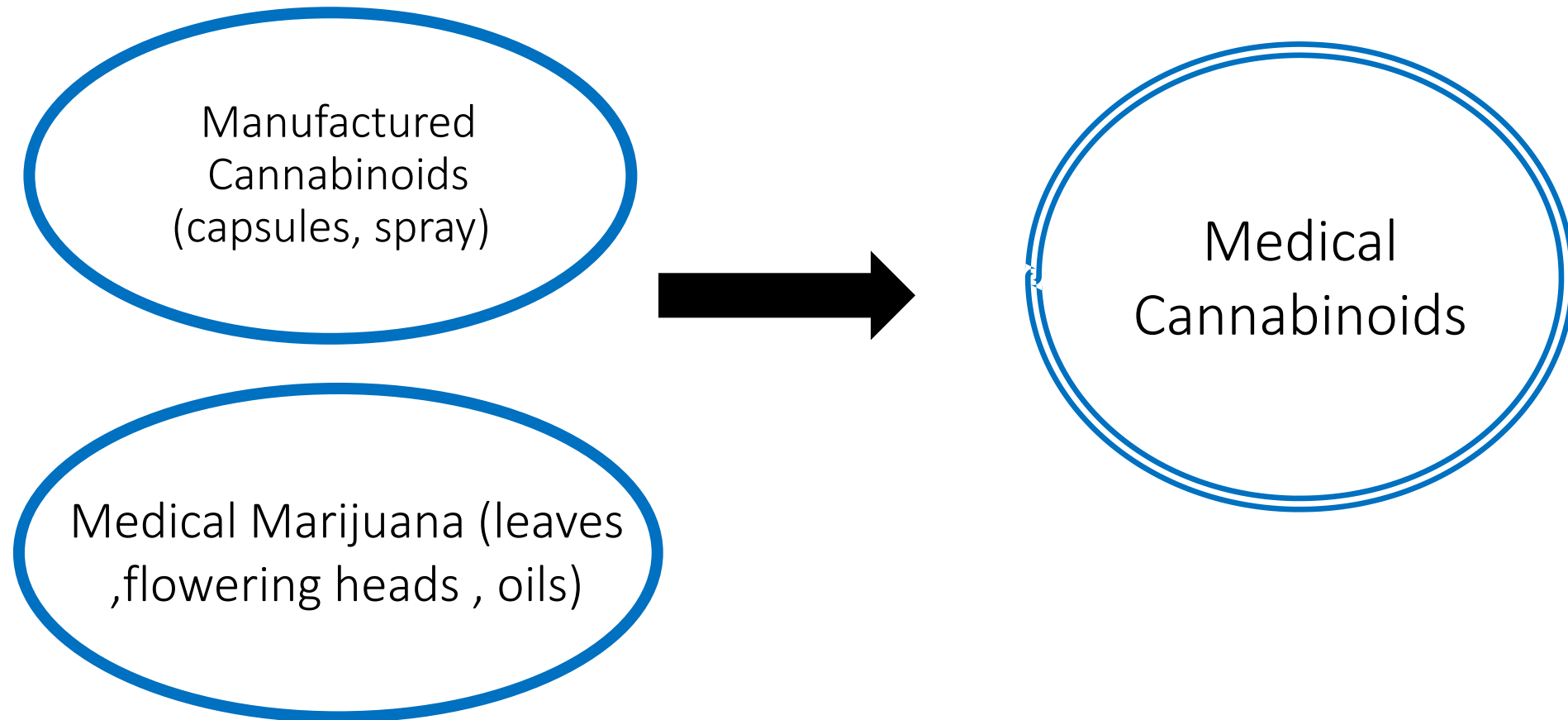
Riboflavin or
Vitamin B2 (for
migraine
prevention)

Coenzyme Q10
(for migraine
prevention)

Glucosamine
(joint pain)

Peppermint oil
(for constipation
and abdominal
pain)

CANNABINOIDS: 101



Sativa

Tall in stature



Narrow leaves

- 🕒 Longer flowering cycles
- ☀️ Better suited for warm climates with a long season



Indica

Shorter in stature



Broad leaves

- 🕒 Shorter flowering cycles
- ❄️ Suitable for colder climates with a shorter season



SYNTHETIC CANNABINOIDS

Nabilone (Cesamet[®]), Tetrahydrocannabinol and Cannabidiol (Sativex[®])

Bind to cannabinoid receptors in the body to help decrease pain

May be helpful for nerve pain, sleep and nausea

Common side effects:

- Drowsiness (1 in 2), feeling high (1 in 3), dizziness (1 in 3), unsteadiness (1 in 3), mood disturbances (1 in 5), dry mouth

CANNABIS

- Contains substances called cannabinoids including

- THC (delta-9-tetrahydrocannabinol) – associated with intoxication and impairment

- CBD (cannabidiol) – less psychoactive properties or impairment – slows down CB1/2 receptors. No one really sure how it works, possible anti-inflammatory ?

- **Short term effects:**

- high feeling/euphoria, drowsiness, dizziness, disorientation, increased anxiety/paranoia in higher doses, nausea and vomiting, appetite, dry mouth, impaired short-term memory, motor coordination, altered judgment, hallucinations - - can also have withdrawal syndrome marked by anxiety, irritability, craving, down mood, difficulty sleeping (3-4 days)

- **Long term risks:**

- If smoked can damage lungs - chronic bronchitis and make it difficult to breathe, affect mental health, altered brain development, cognitive impairment, diminished life satisfaction and achievement, addiction (9%)

CANNABIS

Ways of using cannabis	When effects could begin	How long effects could last
Smoking/vaporizing	Seconds to minutes	Up to 6 hours*
Swallowing (food/capsules)	30 minutes–1.5 hours	Up to 12 hours*
Under the tongue	5–30 minutes	Up to 12 hours*

* some effects could last as long as 24 hours

CANNABIS

- A lot of unknowns remain regarding the effectiveness and safety of cannabis in chronic pain
- Government of Canada resources:
 - <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/resources.html>



CANNABIS -HARM REDUCTION

- Consider the following for your safety:
 - Delay cannabis until the age of 25
 - Choose a product that has equal or higher amounts of CBD compared to THC
 - Avoid smoking, caution with vaping
 - Could become physically dependent or addicted
 - Avoid using with other substances (alcohol, opioids, benzodiazepines)
 - Cognitive capacity and requirements for safety? Motor vehicles, working..
- Avoid if you have mental health concerns, substance abuse or are pregnant or breastfeeding

<https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>

OPIOID MANAGEMENT FOR CHRONIC NON-CANCER PAIN



OPIOIDS

	Short-Acting	Long-Acting
Codeine	Tylenol #3 [®]	Codeine Contin [®]
Tramadol	Tramacet [®] , Ultram [®]	Durela [®] , Ralivia [®] , Tridural [®] , Zytram XL [®]
Buprenorphine		BuTrans [®] , Suboxone [®]
Morphine	Statex [®]	MS Contin [®] , M-Eslon [®] , Kadian [®]
Hydromorphone	Dilaudid [®]	Hydromorph Contin [®]
Oxycodone	Percocet [®] , Supeudol [®]	OxyNEO [®] , Targin [®]
Fentanyl patch		Duragesic [®]
Tapentadol	Nucynta IR [®]	Nucynta ER [®]
Methadone		Metadol [®]

OPIOID DOSE STRENGTH EQUIVALENCY

Example:

I take 4 x 20mg Oxyneo tablets a day. How much morphine is that equal to?

The morphine daily dose equivalent calculation is:

$4 \times 20 = 80\text{mg oxycodone} \times 1.5 \text{ (Morphine equivalency)} = 120 \text{ mg of morphine a day}$

OPIOIDS



- Bind to opioid receptors in the body to help reduce pain
- Beneficial for acute pain but not as much for chronic pain
- Lots of harms that may outweigh benefit

QUESTIONS YOU MIGHT HAVE

- Could I or my loved ones overdose on my opioids?
- Will I have to take these for the rest of my life?
- What happens if I take less?
- Why am I still having difficulty with controlling my pain despite increasing my opioid dose?

VIDEO



Best Advice for People Taking Opioid Medication

- Doc Mike Evans “Best Advice for People Taking Opioid Medication”

<https://www.youtube.com/watch?v=7Na2m7lx-hU>

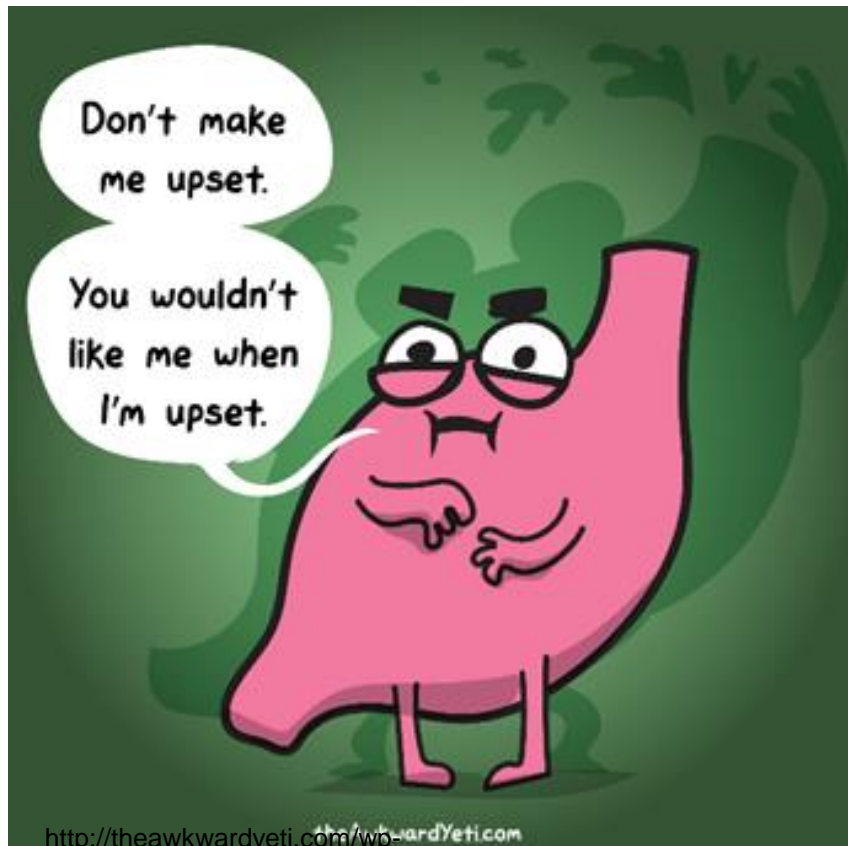
MEDICATION MYTHS AND FACTS

codeine, & morphine are
natural opioids found in the
Opium Poppy ?



TRUE

OPIOIDS – SIDE EFFECTS



<http://theawkwardyeti.com/wp-content/uploads/2015/12/stomachsmash.png>

Common side effects:

- Nausea (28%), constipation (36%), drowsiness (29%), dizziness (22%), itchy/dry skin (15%), vomiting (15%), confusion, impaired memory, sweating, short of breath, disrupted sleep cycle
- May worsen headache or migraine (Medication Overuse Headache)

OPIOIDS — COMPLICATIONS

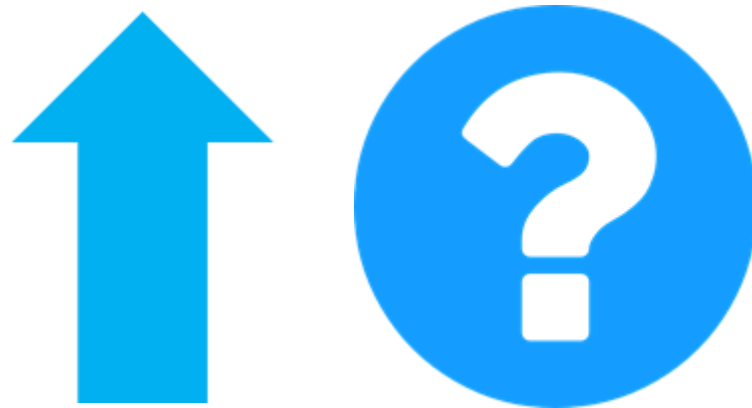
Serious Risks and Long term complications:

- Sleep apnea
- Disrupted sleep
- Decrease in sex hormones (libido, energy levels)
- Suppressed immune system
- Decrease in memory and ability to think clearly
- Increase risk of car accidents, falls, over dose
- Increase risk depression
- Opioid use disorder 5-10%

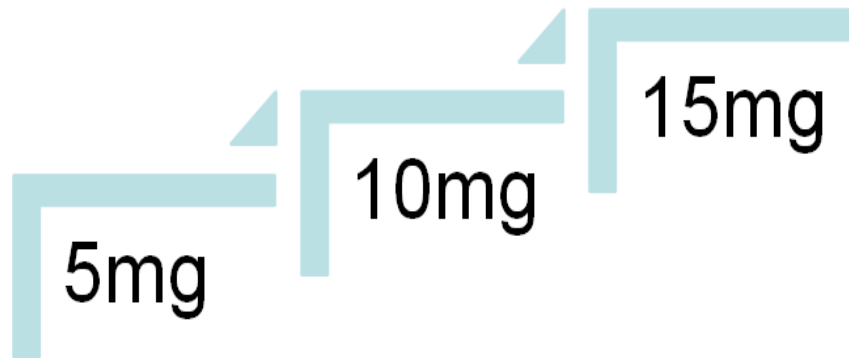


FACT OR MYTH?

If my opioid isn't helping my pain anymore, it means I need a bigger dose.



OPIOIDS: TOLERANCE



- Naturally occurring process of the body
- A given dose no longer produces the same effect over time and doses are increased.

OPIOID-INDUCED HYPERALGESIA (OIH)

- Hyperalgesia = increased pain sensitivity
- Phenomenon when opioids cause pain to worsen and spread to other areas of the body over time.
- Differs from tolerance. In OIH, increasing the dose may cause pain to worsen or you may experience pain from non-painful experiences.
- May be associated with agitation, delirium, difficulty to perform physical exercises.

FACT OR MYTH?

If I stop my opioid suddenly, I will be in pain.



OPIOIDS: PHYSICAL DEPENDENCE

- Natural occurring process of the body
- Suddenly stopping an opioid or reducing the dose significantly will produce withdrawal symptoms (e.g. nausea, diarrhea, sweating/chills, difficulty sleeping)
- Generally not life-threatening, but very uncomfortable
 - Within 1 day: physical symptoms may occur
 - Within 2 days: physical symptoms prominent
 - Within 3 days: symptoms likely reach maximum intensity

PHYSICAL DEPENDENCE

THE BODY BECOMES
DEPENDENT TO
OPIOIDS. Dependence to an
opioid happens to nearly
everyone taking this
medication. The body gets used
to having the opioid there.

WHEN A DOSE IS DELAYED,
WITHDRAWAL PAIN SHOWS UP.
AND the withdrawal pain can feel
the same as the original pain.

TAKING THE OPIOID
RELIEVES
WITHDRAWAL PAIN.
It feels like the
original pain is being
relieved. But it's
actually only
withdrawal pain
being relieved.

OPIOIDS: ADDICTION

- Addiction is a word used to describe any behavior that is out of control in some way.
- Addiction includes presence of the 4 C's:
 - Craving
 - Loss of Control of amount or frequency of use
 - Compulsion to use
 - Use despite Consequences

OPIOIDS: ADDICTION

Risk of opioid addiction is 3-5.5% (in chronic pain)

- Can be as high as 35% (in chronic pain)

Combination of factors may cause addiction:

- Genetic factors
- How drugs interact with the brain
- Environment
- Mental health issues
- Difficulty coping with thoughts and feelings

OPIOID USE DISORDER

Problematic pattern of opioid use causing impairment or distress in the past year.

Symptoms include:

- Strong desire to use opioids (cravings)
- Difficulty decreasing opioid use
- Increased tolerance, taking higher doses to achieve effects
- Unable to work, go to school or take care of home
- Unable to attend social events or activities

Treatments available to help manage

OPIOIDS — SERIOUS RISKS

Poisoning or Overdose

- Thinking and breathing slow down, and this may cause brain damage, coma and death
- Taking more than prescribed greatly increases your risk
- Stopping or missing doses then resuming at previous dose
- Mixing with alcohol or other drugs that cause drowsiness (e.g. sleeping pills) greatly increases your risk

NALOXONE (NARCAN[®])

Antidote for opioid poisoning

Reverses the effects of opioids by blocking the opioid receptors in the brain

Safe to administer to anyone unless known allergy

Administer outer thigh

Works within 5 minutes

Effects wear off within 30-60 minutes

Store between 15-30 degrees, avoid light

Expire within 2 years

NALOXONE KIT (TAKE HOME)



Contains:

- 3 vials of naloxone
- 3 safety syringes
- 3 alcohol swabs
- Gloves
- Breathing mask
- Brochure

NALOXONE: AHS VIDEO

<https://www.youtube.com/watch?v=t46iWKxTpUM>

NALOXONE USE IN OPIOID OVERDOSE

Symptoms of an opioid overdose:

- Unresponsive
- Slow or not breathing
- Blue lips, fingernails
- Cold, clammy skin
- Slowed or no pulse
- Gurgling snore like sounds
- Vomiting
- Seizures
- Small pupils

HOW TO MANAGE AN OVERDOSE

Stimulate – call 911

Airway – ensure no restrictions, open airway and begin rescue breathing or initiate CPR with compressions if directed by 911 dispatcher

Ventilation – Give 1 breath every 5 seconds, chest should rise with each breath

Evaluate the situation

ad**M**inister naloxone: Naloxone will take 2 – 5 minutes to kick in

Evaluate again – Administer another dose of naloxone if required and continue with rescue breathing/CPR until medical help arrives

OPIOIDS — FOR YOUR SAFETY

Extra caution required before driving

- Do not drive until your dose is stable and you do not feel drowsy or impaired.

Store your medications safely and securely

Let those close to you know you are taking these medications

Sign an Opioid Treatment Agreement with your doctor:

- Discuss your risks for safety and addiction
- Agree to only one doctor and one pharmacy
- Agree to urine drug testing

GENERAL MANAGEMENT OF SIDE EFFECTS

Dry mouth

- Ice chips
- Frequent sips of water
- Sugar-free gum or candy
- Sips of club soda prior to meals
- Cold air humidifier
- Good dental hygiene; regular brushing and flossing
- Artificial saliva (eg biotene rinse)

MANAGEMENT OF SIDE EFFECTS

Sleepy/Drowsiness

- Take medications at bedtime
- For medications such as TCAs (eg amitriptyline), take dose 10-12 hours before you want to wake up to minimize morning drowsiness/groggy
- Use lowest effective doses
- Avoid using in combination with alcohol, other medications that cause drowsiness (eg sleep aids)
- May improve over time
- Ensure proper sleep hygiene (eg pre-sleep routine, get up same time everyday)

PAIN MEDICATION TIPS

Acute pain is not chronic pain

Start low and go slow

One change at a time

Always ask if unsure

Never stop pain medications abruptly

Realistic treatment goals

Weigh pain relief with acceptable side effects



MORE MEDICATION FUNDAMENTALS

- Over-the-counter and herbal products have drug interactions and side effects
- Medications are often used in combination because they work in different ways
- If one doesn't work or you have side effects, it may still be worth trying another medication
- Response is highly variable
- Medications = one tool in your toolbox

TOOLS THAT CHANGE THE MESSAGES



WHAT DO WE HAVE IN OUR CARE CABINET ?



ACTION PLAN!



The change I want to make happen is:

My goal for the next month is:

Action Plan:

- ✓ The specific steps I will take to reach my goal (what, when, where, how often):
- ✓ Things that could make it difficult to achieve my goal:
- ✓ My plan for overcoming these challenges are:
- ✓ Support and resources I will need:
- ✓ How important is it to me that I achieve my goal?
(scale of 0 to 10, with 0 being not important at all and 10 being extremely important):
- ✓ How confident am I that I can achieve my goal? (scale of 0 to 10, with 0 being not confident at all and 10 being extremely confident):

Follow-up date:



Q&A Period

Tell me more about ...



Evaluation Survey

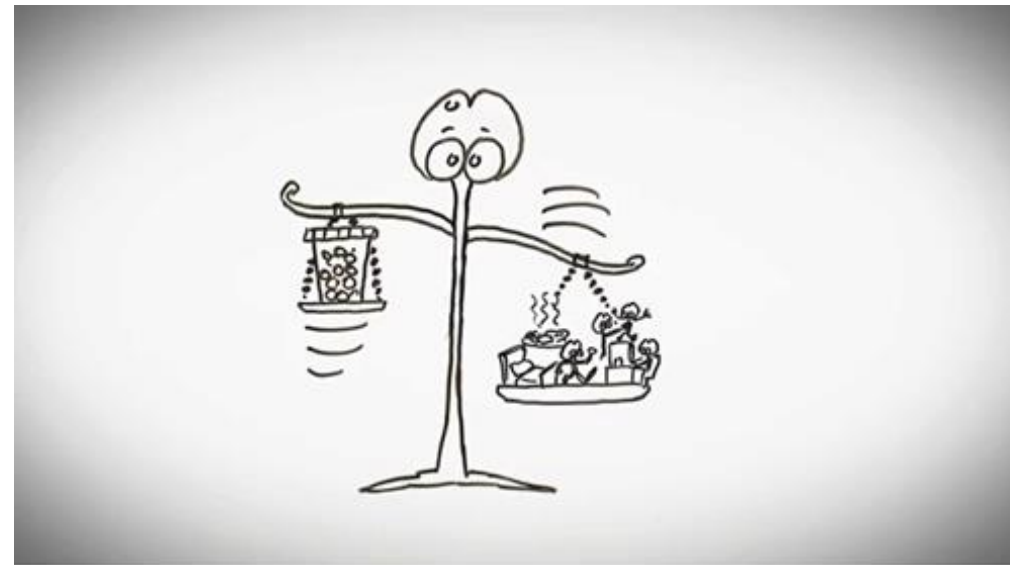
Please share with us how we did.

RESOURCES

- Understanding Pain: Brainman Stops his Opioids

<https://www.youtube.com/watch?v=MI1myFQPdCE>

—



Understanding Pain: Brainman stops his opioids

RESOURCES

- Government of Canada Cannabis

<https://www.canada.ca/en/services/health/campaigns/cannabis.html>

- AHS Naloxone Resources

<https://albertahealthservices.ca/info/Page15586.aspx>

- Chronic Pain Management Lecture Series

<http://www.albertahealthservices.ca/services/Page2790.aspx>

- Online health information for Albertans

<https://myhealth.alberta.ca/>