CHALLENGES AND OPPORTUNITIES FOR MULTIMODAL TREATMENT IN PAIN & OUD

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Challenge #1: Opioid Prescriptions

The amount of opioids prescribed per person varied widely among counties in 2015.

MME PER PERSON
- Insufficient data
- 0.1 - 453
- 454 - 675
- 677 - 958
- 959 - 5,543
Challenge #2: COVID may exacerbate the opioid epidemic.

Once The Coronavirus Pandemic Subsides, The Opioid Epidemic Will Rage

Navdeep S. Kang
APRIL 15, 2020

Safeguarding opioids a concern as children may have more access with families at home due to COVID-19

Apr. 22, 2020, 12:46 PM
by Jake Lowery

Coroner: Overdose deaths up 40% since COVID-19 in Peoria County

nbc4bc.com | 6d
Challenge #3: Pain related to opioid relapse

- Odds of opioid relapse in moderate pain pts?
  - 2.6 x

- Odds of opioid relapse in severe pain pts?
  - over 5x
Challenge #4: Pain and OUD creates multipronged issues
Challenge #5: Long-term opioid use affects pain

\[ \chi^2(3) = 20.111, p < .001 \]

\[ \chi^2(3) = 15.503, p < .001 \]
Challenge #6: Long-term opioid use changes physiological response to pain

Heart Rate

- Methadone
- Buprenorphine
- Prolonged Abstinence
- Control

Comparison of heart rate across different conditions:
- Baseline 1
- Baseline 2
- Cold Pressor
- Recovery 1
- Recovery 2
Challenge #7: Limited Treatment Options for Patients with Pain and OUD

YES NO
⇔ ▼ ⇔
CATCH 22
Developing Solutions: Understanding the Problem
Developing Solutions: Treatments

- Based on lessons learned from psycho-physiology needs assessment
- Combines both Pain and OUD psychotherapy in a single treatment
- Integrates at home biofeedback practice with biodots
- Integrates exercise and functional ability
- Integrates MAT
- Integrates social support
- Allows for spiritual resources if patient desires
- Includes training for addiction or pain therapists to address both areas
- STOP model
  - Self-regulation
  - Therapy for OUD and Pain
- Additional versions being tested or developed:
  - I-STOP
  - Y-STOP
  - T-STOP
  - STOP-PR
Developing Solutions: Piloting STOP
Developing Solutions: STOP vs TAU

- **CURRENT PAIN**: STOP 2.7, TAU 4.3 (p < .01)
- **PAIN INTERFERENCE WITH DAILY TASKS**: STOP 2.9, TAU 4 (p < .01)
- **DAYS USING ILICIT DRUGS IN THE PAST WEEK**: STOP 0, TAU 2.7 (p < .01)

Additionally, there is a bar chart showing:
- **OPIOID CRAVINGS**: STOP 23.3, TAU 0 (p < .05)
Developing Solutions: Lessons Learned

1. Patients with pain and OUD are a unique complex population
2. Use of psychophysiology to understand the problem can lead to better treatments
3. Chronic pain patients with long-term opioid abstinence can act as exemplars to guide treatment development
4. Multimodal treatments that address both pain and OUD simultaneously are key
Thank you

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