Hello all, once again. As it has been fun watching the changing of the leaves into the glorious colors of autumn, it has been exciting living through the further changes and growth of Water's Edge. As we have been going through this process, your feedback has been both desired and essential.

Many of you have participated in the Provider Survey 2009 that was sent out in early to mid-September, asking what you would like to see implemented into our pain relief program. We received a total of 133 responses, and there were very helpful and specific comments that we have taken to heart. The results were as follows:

- Pain psychologist/neuropsychologist—109 responded yes (82%)
- Pain-related CME program—105 responded yes (79%)
- Inpatient pain service—80 responded yes (60%)
- Social Worker—77 responded yes (58%)
- Cancer Pain program—43 responded yes (32%)
- Hospice Pain program—36 responded yes (27%)
- Perioperative pain service—23 responded yes (17%)

Based on the above results, we have already taken action. Dr. Paul Schneider, PhD, ABPP, known already by many of you, is a Clinical Health Psychologist and will be starting with us in November as our first pain psychologist. He will offer individual and group therapy, as well as much needed psychological assessment and testing for our patients.

Memorial Hospital is currently working on being able to offer CME programs. We will take advantage of this opportunity to offer pain care-related CME as soon as it becomes available. We are putting into place the provider and support staff necessary to operate an inpatient pain service which should be fully operational within this next year. We will consider how to most effectively integrate a social worker into the practice. We are working hard to develop the professional relationships required to have dynamic and responsive cancer and hospice pain programs. And pending budget approval, our next physician provider would be selected with expertise in perioperative pain management.

One of the most exciting additions to our pain-treatment armamentarium is our new Lifestyle Choices Program. This is still

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Logistics/Management of Pain Medications
By Daniel M. Kwon, MD

Patient compliance, early refills, lost prescriptions, stolen medications, etc., seem to be a common problem for those of us who regularly work with chronic patients who use narcotic/opioid pain medications. The question of how to manage a patient in chronic pain using opiates has always been challenging due to the potential for side effects, addiction, and dependence.

To combat some of those issues, many clinics will use opioid agreement/contract forms, strict policies, urine drug screens, pill counts, and other tools to reduce the risk of misuse or abuse of pain medications. However, there is no perfect standard or management plan to avoid some of the complications that can occur with narcotic pain medications. Even the most compliant patient can have issues arise with medications.

Here are some of the management options we choose to use at Water’s Edge in managing chronic narcotic medication compliance:

1. Have an opioid agreement/contract in place prior to prescribing any narcotics. Also, have the patient review the agreement and go over the key points with a physician or a medical staff member who understands the agreement.

2. Have the patient note a primary pharmacy that they use for medications. This helps avoid some of the complications such as authorization problems and tracking records. (Unfortunately Washington state does not have a scheduled prescription monitoring/tracking system available, but hopefully there are plans to implement this in the near future.)

3. Perform urine drug screens randomly, especially for those with higher clinical suspicion. Blood draws are less useful (medications and substances are cleared out of the blood faster), but can also be used.

4. Random pill counts can be helpful. Calling a patient into the office in the middle of a month to count the number of remaining pills can help to improve compliance.

5. Regular office visits for clinical assessment to review efficacy and patient compliance.
6. Patient expectations are extremely important for goal setting and long term management. There is limited evidence for chronic narcotic therapy for chronic pain syndromes, and patients should understand the limitations before starting them.

7. The four As have often been advocated in following patients with narcotic therapy. This can easily be incorporated into every follow up evaluation.
   a. Analgesia: How well does the medication control pain?
   b. Adverse Side Effects: Is constipation controlled? Any nausea, cognitive deficits, interactions with other medications?
   c. ADLs (Activities of Daily Living): Do the pain medications make a functional difference? Are daily tasks such as self care and mobility improved with narcotic therapy?
   d. Aberrant Behavior: Are there signs of addiction and dependency?

Congress enacted the Controlled Substances Act (CSA) in 1970 and the Drug Enforcement Administration and the Food and Drug Administration have been regulating scheduled substances. There are currently five Scheduled types of drugs:

- **Schedule I substances** do not have a medical use and are not prescribed.
- **Schedule II substances** are thought to have a high potential for abuse and their prescriptions are strictly monitored. The DEA does not allow for refills of schedule II prescriptions. However, several months of prescriptions (maximum 3 months) can be written on different prescriptions with a “do not fill until (date).” This has been controversial and is only recommended in rare situations.
- **Schedule III substances** have less potential for abuse (theoretically) compared to Schedule I or II. They may be refilled up to 5 additional months within 6 months of the date of the original prescription.
- **Schedule IV and V substances** have lower potential for abuse than their preceding schedules and have similar prescription rules as schedule III substances.

In terms of management, patients on schedule II substances should generally be seen on a monthly basis. Patients on schedule III-V can be seen on a less frequent basis if their symptoms are controlled and they remain compliant. Unfortunately, there is no perfect algorithm or way to manage chronic narcotic therapy. By following what guidelines we have, and by working together as a medical community, we can have a higher chance of success in treating our patients with chronic pain.

Our Practice
The physicians practicing at Water’s Edge offer a broad spectrum of education and experience. Graduates of Loma Linda University School of Medicine, they are all dedicated to helping patients manage chronic pain.

Overcoming Narcotic Induced Constipation

By Michael S. Urakawa, PA-C

Water’s Edge patients using narcotics to control chronic pain may experience narcotic-induced constipation.

While these medications effectively reduce transmission of pain signals, chronic narcotic use slows normal movement (peristalsis) of the colon and causes a decrease in the frequency of bowel movements defined as constipation. Constipated patients may also experience abdominal bloating and difficulty or pain with bowel movements.

Water’s Edge offers a handout for patients outlining educational, behavior and dietary steps to help manage constipation. They are:

- **Educational and Behavioral Changes:** Constipation is normal for patients taking narcotic medications. They should consider drinking a warm caffeinated beverage in the morning to promote colon and bowel movement. Increased activity also promotes colon movement and stimulates bowel movements. Patients should take advantage of the body’s normal action and take time after each morning meal for a bowel movement—though it may not happen the first time. They should drink plenty of fluids each day.

- **Dietary Changes:** Eating more fruits, vegetables and fruit juices naturally adds fiber to the diet, helping the colon to move and assisting with bowel movements. If necessary, taking recommended dosages of over-the-counter bulk laxatives like Metamucil, Citrucel or Fibercon may help the colon in about a week. If constipation continues, patients should see a Water’s Edge physician who may authorize osmotic laxatives such as Miralax to be taken at recommended dosages daily for about two weeks or until desired results are achieved. If symptoms still persist, contact Water’s Edge.

Most narcotic induced constipation can be relieved by following the steps above, though patience may be required. If problems persist, the patient may be referred to a gastroenterologist.
WE HAVE A “FAST TRACK” FOR PATIENTS WHO NEED TO BE SEEN ON AN EMERGENT BASIS.

Urgent requests or specific needs, call (509) 574-3805. Fax referrals to (509) 574-3806

Managing the Pain of Scleroderma

“Having Water’s Edge in a smaller town has brought a lot of convenience to my life. It’s one less trip I have to make over the mountain and that is huge when I’m trying to work and keep all my other appointments.”

— Chanin Clayton

Shortly after college, Chanin Clayton was diagnosed with systemic scleroderma. At an age when most people launch careers and start families, Chanin began an agonizing journey involving doctors’ offices, hospitals, wheel chairs, tube feeding and daily medication infusions to treat serious complications and intense pain.

“I’ve lived a good portion of my life in hospitals,” she explains. “It’s very painful. It has affected my organs, my joints—everywhere there’s connective tissue. It’s very arthritic and debilitating and has hardened my organs, almost freezing my body. It takes a long time to get my hands and fingers moving in the morning.”

Today, Chanin is an occupational therapist at Memorial’s 16th Avenue Station when she feels well enough to work. She has a gastric pacemaker stimulating her esophagus, stomach and intestinal tract to eliminate tube feeding. She travels frequently to Seattle and UCLA to see gastroenterologists, endocrinologists, rheumatologists and more.

Water’s Edge is also part of her support group, helping her manage daily doses of pain medication administered by Memorial’s Infusion Care team along with a battery of other medicines for scleroderma.

“I wish I could say I’ve had miracles happen, but I have had a pretty good year being able to balance everything,” she reports. “I think it’s due to Water’s Edge and all my physicians. Water’s Edge works with Infusion Care very well.”

“They didn’t back down from the challenges of my disease. I’m sure it was intimidating with all I go through and the hospitals where I’m treated. When I have significant flare-ups, they work with Infusion Care and tell them to increase my medication by a certain amount. They help me manage my pain without taking more medications than I really need and they just do a super job.”

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