

VCU Palliative Care ECHO*

April 25, 2019

Safety in Opioid Use in Serious Illness

Continuing Medical Education

April 11, 2019 | 12:00 PM | teleECHO Conference

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The following Planning Committee and Presenting Faculty Members report having no relevant financial relationships:

Danielle Noreika, MD

Egidio Del Fabbro, MD

No commercial or in-kind support was provided for this activity

Helpful Reminders

Unmute your
microphone
and start video

VCU Palliative C...

- You are all on **mute**
please **unmute** to talk
- If joining by telephone
audio only, press ***6** to
mute and unmute

Helpful Reminders

The image shows a Zoom meeting window. The main screen is dark with the text "VCU Palliative C..." in white. A right-click context menu is open, showing options: "Unmute My Audio Alt+A", "Start Video", and "Rename". A yellow arrow points from the text "Right click to your Zoom screen to rename your login; include your **name** and **organization**" to the "Rename" option. A "Rename" dialog box is also open, with the text "Enter a new screen name:" and a text input field containing "First & Last Name, Institution". There is a checkbox for "Remember my name for future meetings" and "OK" and "Cancel" buttons.

Zoom

Zoom Group Chat

Unmute My Audio Alt+A

Start Video

Rename

VCU Palliative C...

Right click to your Zoom screen to rename your login; include your **name** and **organization**

Rename

Enter a new screen name:

First & Last Name, Institution

☐ Remember my name for future meetings

OK Cancel

To: Everyone

Type message here...

Helpful Reminders

The screenshot shows a Zoom meeting window. The main display area is dark with the text "VCU Palliative C...". A large yellow arrow points from the bottom of this area to the "Chat" button in the bottom toolbar. The bottom toolbar includes buttons for Unmute, Start Video, Invite, Manage Participants, Share, Chat, Record, Closed Caption, Breakout Rooms, and More. The "Chat" button is highlighted. To the right of the main display area is a "Zoom Group Chat" sidebar. A large yellow arrow points from the top of this sidebar down to the "Type message here..." input field. The input field has a "To:" dropdown set to "Everyone" and a "More" dropdown.

Zoom Meeting ID: 199-984-200

Enter Full Screen

Zoom Group Chat

VCU Palliative C...

Activate chat feature

Use the chat box to ask questions as they come to mind

To: Everyone

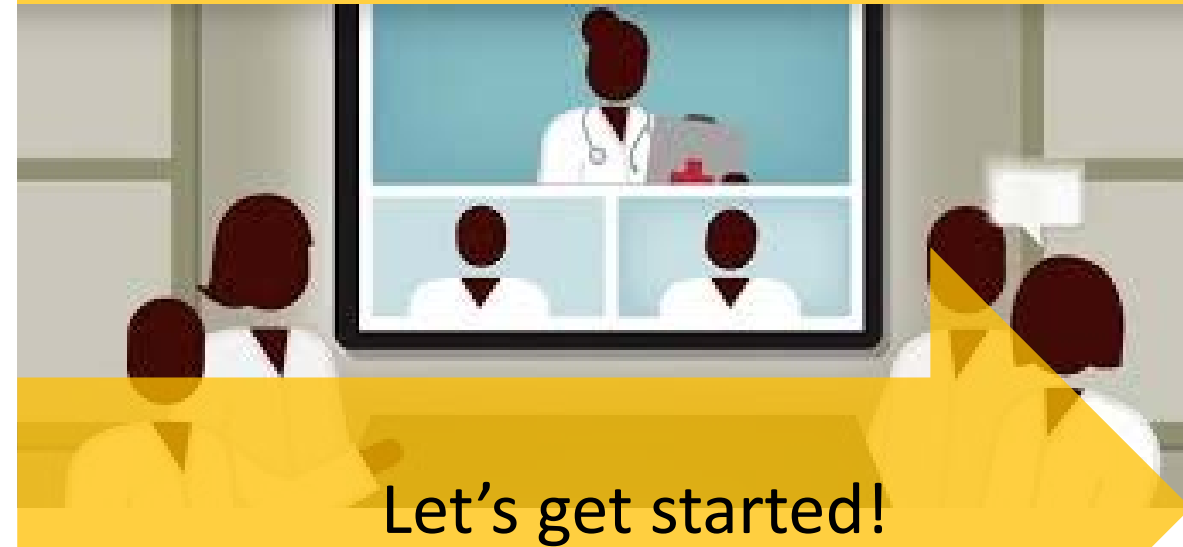
Type message here...

End Meeting

What to Expect

- I. Didactic Presentation
20 minutes + Q&A
- II. Case Discussions
 - Case Presentation
5 min.
 - Clarifying questions from spokes,
then hub
2 min. each
 - Recommendations from spokes,
then hub
2 min. each
 - Summary (hub)
5 min.
- III. Closing and Questions

- Bi-weekly tele-ECHO sessions (1.5 hours)
- Didactic presentations developed by inter-professional experts in palliative care
- Website: www.vcuhealth.org/pcecho
- Email: pcecho@vcuhealth.org



Hub Introductions

VCU Team	
Clinical Director	Danielle Noreika, MD, FACP, FAAHPM Medical Director/Fellowship Director VCU Palliative Care
Clinical Experts	Egidio Del Fabbro, MD – VCU Palliative Care Chair Jason Callahan, MDiv – Palliative Care Specialty Certified Tamara Orr, PhD, LCP – Clinical Psychologist Diane Kane, LCSW – Palliative Care Specialty Certified Felicia Hope Coley – RN Candace Blades, JD, RN – Advance Care Planning Coordinator Brian Cassel, PhD – Palliative Care Outcomes Researcher
Support Staff Program Manager Telemedicine Practice Administrator IT Support	Teri Dulong-Rae / Bhakti Dave, MPH David Collins, MHA Frank Green

Spoke Participant Introductions

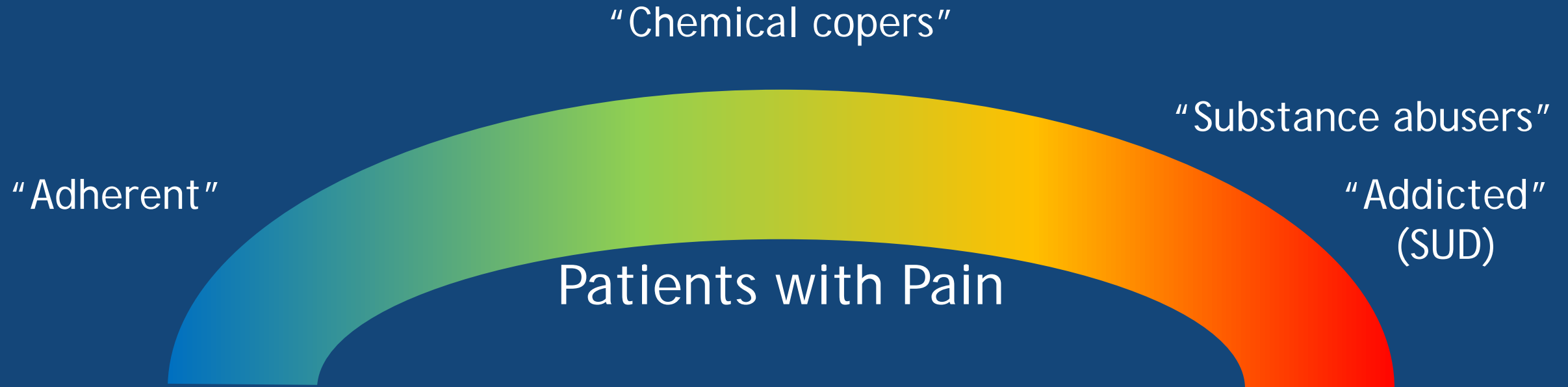
Name and Institution

Opioids and Pain

Egidio Del Fabbro MD
Chair, Palliative Care Program
Virginia Commonwealth University
Massey Cancer Center



All addicts are Chemical Copers but not all Chemical Copers are addicts
Population is Heterogeneous



Adapted from: Passik, Kirsch. *Exp Clin Psychopharmacol* 2008

Definition of addiction

- A chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Addiction often involves cycles of relapse and remission, and without treatment is progressive and can result in disability or death

adapted from www.asam.org

Identifying and assessing risk of opioid abuse in cancer: an integrative review

- 691 articles using search terms
- 34 case studies, case series, retrospective observational studies, narrative reviews
- screening questionnaires for opioid abuse or alcohol, urine drug screens to identify opioid misuse or abuse, prescription drug-monitoring programs, universal precautions
- 7 opioid specific 13 CAGE questionnaire to assess the risk of “chemical coping”
- Screening questionnaires one in five may be at risk of opioid-use disorder
- Several studies demonstrated associations between high-risk patients and clinical outcomes, such as aberrant behavior, prolonged opioid use, higher morphine-equivalent daily dose, greater health care utilization, and symptom burden

[Substance Abuse and Rehabilitation](#) Carmichael, Morgan , Del Fabbro 2016

Mrs. M

- 68yr Non-Small Cell lung Cancer
- Limited metastatic disease
- L2 compression fracture
- Admitted to the ICU for agitated delirium, intractable back pain and pneumonia
- New onset seizures
- Palliative care are consulted, asked to “take over”

JPM April 2007

Transfer to the Palliative Care Unit

- Hydromorphone iv 50mg/hr
- Methadone iv 20mg/hr
- Ketamine iv 60mg/hr
- Muscle relaxants - baclofen/tizanidine
- Dexamethasone iv
- Lorazepam iv

Mrs. M

PCU management

- Discontinue - Ketamine Methadone and HM
- Started morphine 5mg/hr
 - Light sedation midazolam 1mg/hr
 - Haloperidol resumed up to 48mg/24hr iv
- D7 cognition at baseline
- Constipation treated, radiation to lumbar spine
- Family/patient counselling

Mrs. M

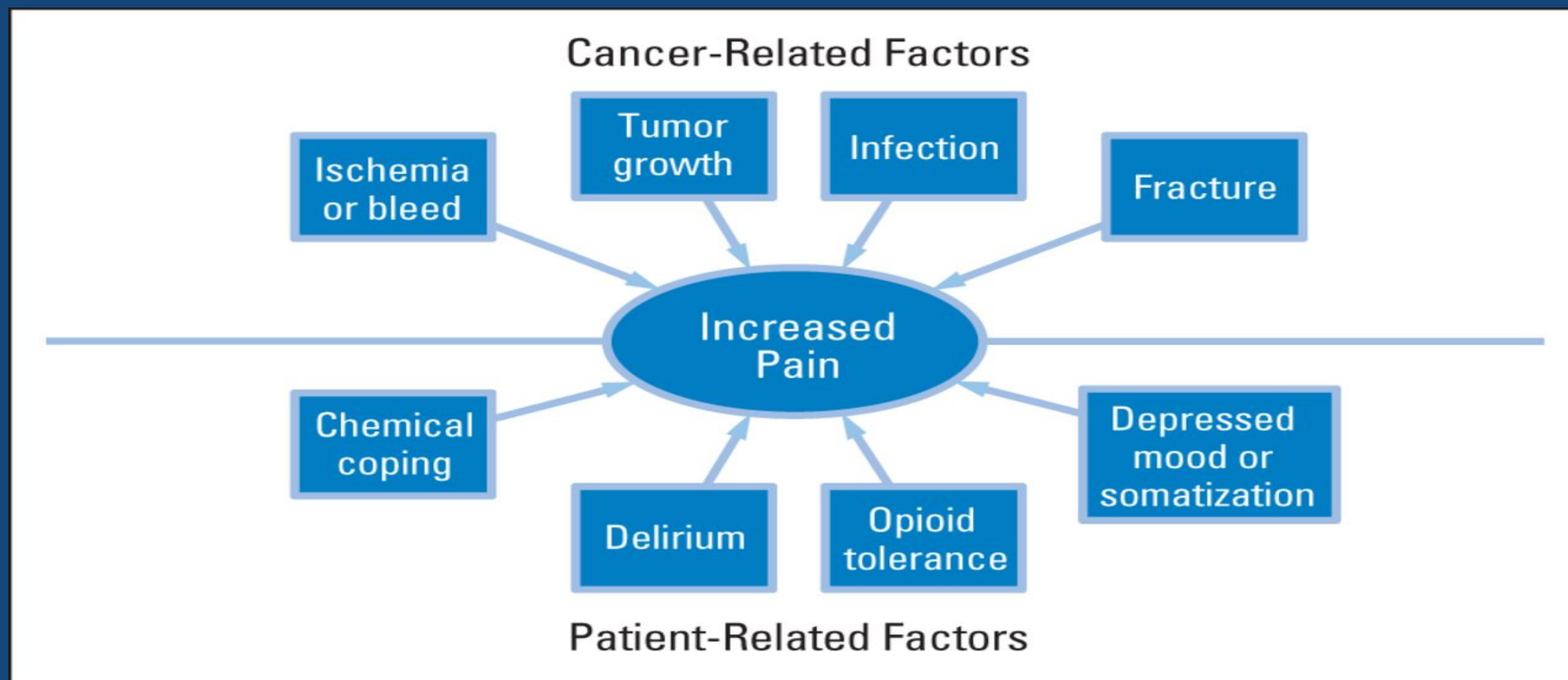
- History of anxiety and depression
- Alprazolam use for many years
- Excessive alcohol use per brother
- Social stressors
- Complicated grief after loss of spouse

- Day 7 cognition at baseline
- Completed XRT to Spinal lesion
- Discharged home one week later able to ambulate
- Followed up in our outpatient clinic

Continued Challenges

- Physical vs Psychological vs Spiritual vs Social suffering
- Maladaptive coping mechanism
- Attempted to avoid polypharmacy

Cancer- and patient-related factors contributing to pain



DeI Fabbro E JCO 2014;32:1734-1738

Complications of chemical coping

- Opioid induced neurotoxicity
- Combining drugs of abuse
- Overdose
- Death
- Medico legal problems
- Addiction
- Poor quality of life, increased symptom burden
- Diversion

Bruera Pain 1989, Bruera JPSM 1995, Fainsinger JPSM 2005, Bohnert JAMA 2005, Walton PHR 2015,

Opioid Induced Neurotoxicity

- Severe sedation
- Cognitive failure
- Hallucinos/Delirium
- Myoclonus/Grand mal seizures
- Hyperalgesia/Allodynia

Prevention of OIN

Identify Risk factors

1. Factors that reduce the brain's reserve to cope (other drugs with CNS effects)
2. Factors causing accumulation of opioid metabolites
3. Factors resulting in rapid opioid escalation

Need a multidimensional pain assessment

Mr T

- Liver transplant
- 5 years later B cell lymphoma
- Lytic lesions in L spine, splenomegaly
- Rx Chemo, surgery for spinal stenosis and pain
- Home fentanyl PCA, Ketamine
- MEDD >1000 in 2011

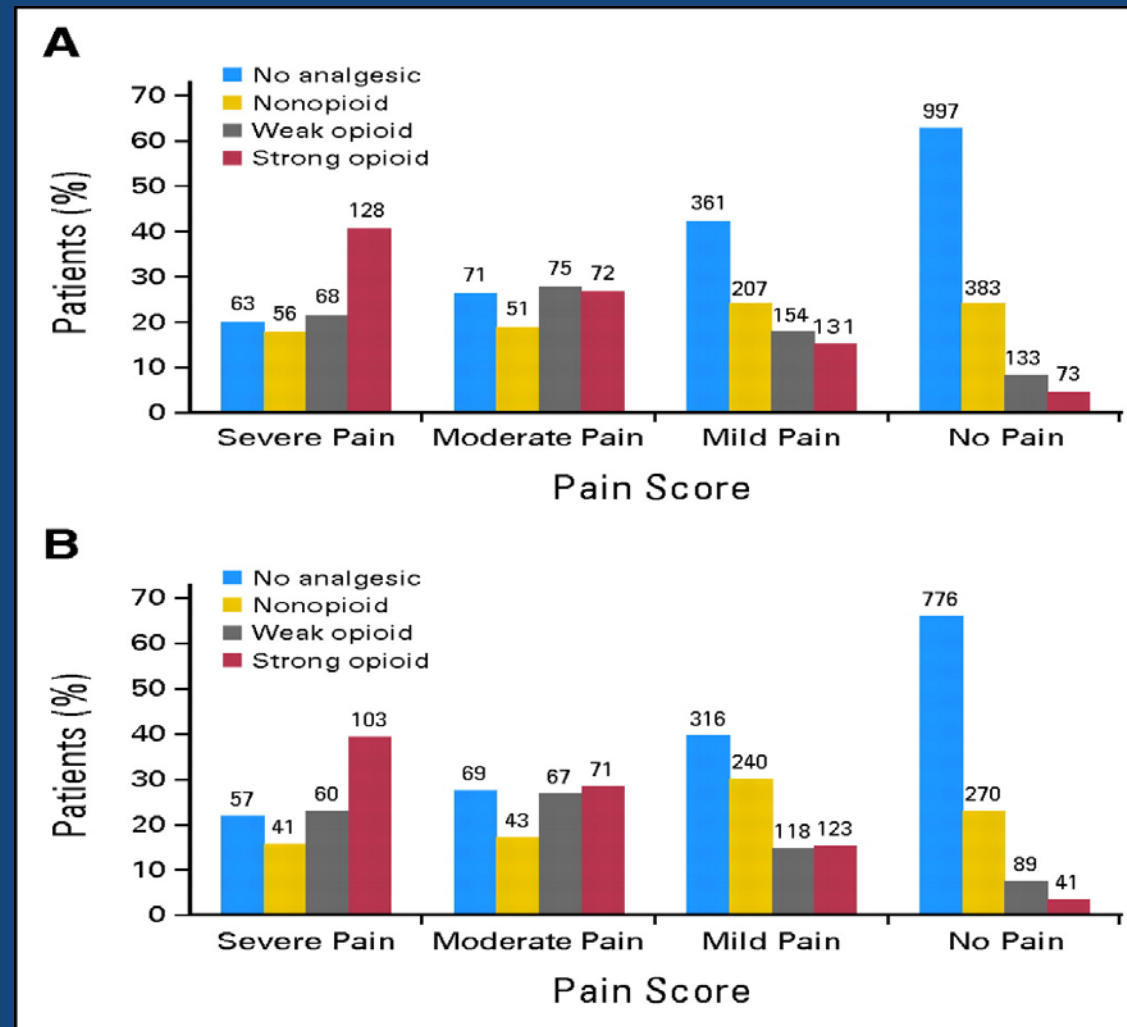
Mr T

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MR T.

- 7 years later continues to be seen in Supportive Care clinic
- NED
- Left foot drop
- Chronic numbness, tingling ,burning bilateral LE's
- Providers concerned about chemic coping
- Insurance concerned about 'excessive narcotic' dose
- Oxycodone ER and IR with MEDD=120
- Function=works full time , resistance training and treadmill 3x/week

Analgesic prescribing in relation to pain severity at (A) initial assessment and (B) follow-up 28 to 35 days later



Fisch M J et al. JCO 2012;30:1980-1988

Management Strategies

Compassionate High Alert Team (CHAT) Program

Arthur Oncologist 2017

Triggers

- Abnormal UDS results
- Multiple early refills requested
- Running out of opioids early
- Lost prescriptions
- medications multiple providers

Approach

- Education about safe opioid use
- Longitudinal counseling
- Sensitive communication
- Frequent monitoring
- Structured documentation
- Personalized treatment
Logistical and caregiver support



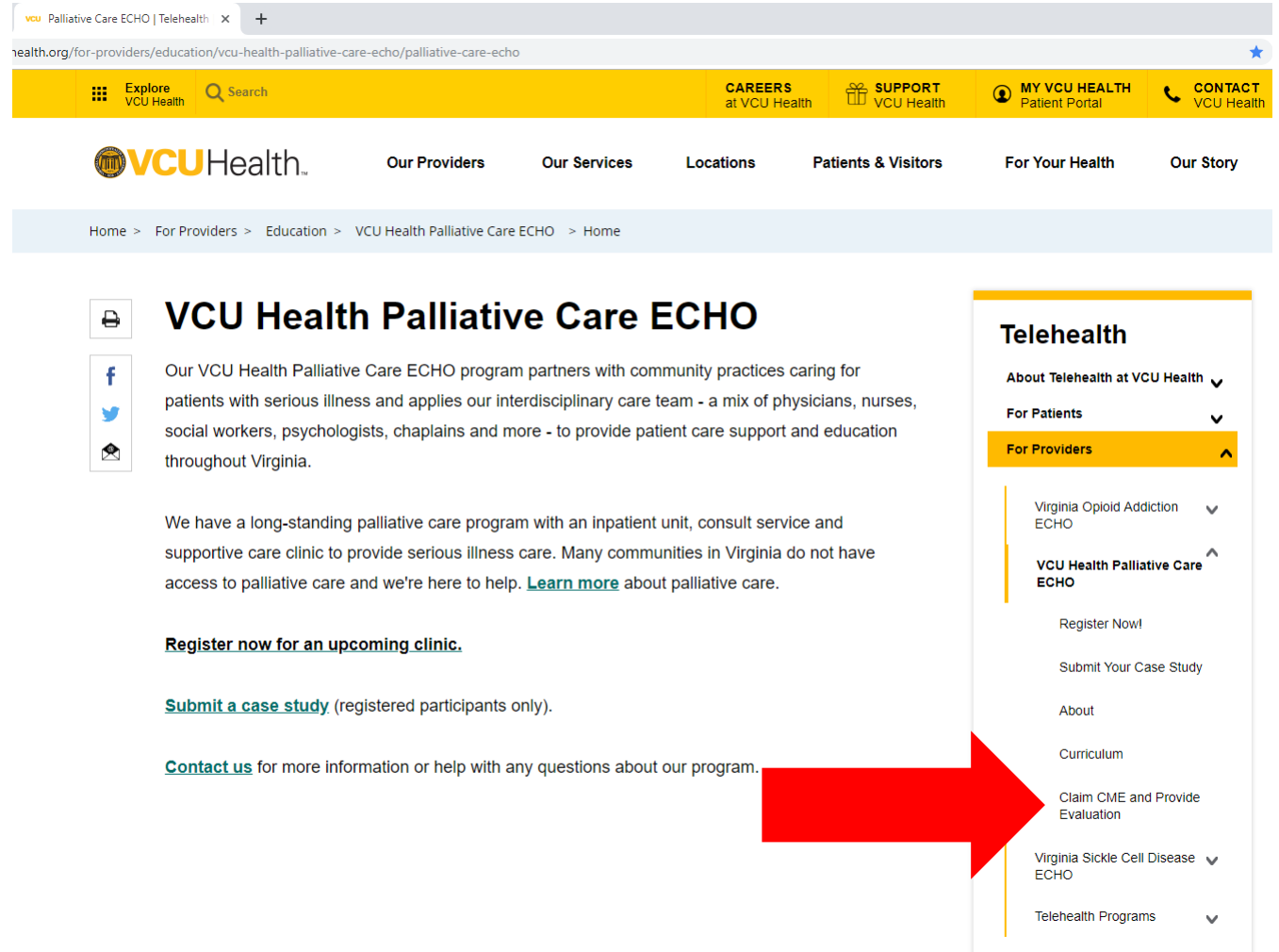
Accessing CME credit

Submit your evaluation to claim your CME

After our live ECHO session,
visit

www.vcuhealth.org/pcecho

Click “Claim CME and
Provide Evaluation”



The screenshot shows the VCU Health Palliative Care ECHO website. The header includes navigation links for Explore VCU Health, Search, CAREERS at VCU Health, SUPPORT VCU Health, MY VCU HEALTH Patient Portal, and CONTACT VCU Health. The main navigation bar lists Our Providers, Our Services, Locations, Patients & Visitors, For Your Health, and Our Story. The breadcrumb trail reads: Home > For Providers > Education > VCU Health Palliative Care ECHO > Home.

VCU Health Palliative Care ECHO

Our VCU Health Palliative Care ECHO program partners with community practices caring for patients with serious illness and applies our interdisciplinary care team - a mix of physicians, nurses, social workers, psychologists, chaplains and more - to provide patient care support and education throughout Virginia.

We have a long-standing palliative care program with an inpatient unit, consult service and supportive care clinic to provide serious illness care. Many communities in Virginia do not have access to palliative care and we're here to help. [Learn more](#) about palliative care.

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[Contact us](#) for more information or help with any questions about our program.

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- Virginia Opioid Addiction ECHO
- VCU Health Palliative Care ECHO**
- Register Now!
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- Curriculum
- Claim CME and Provide Evaluation**
- Virginia Sickle Cell Disease ECHO
- Telehealth Programs

Submit your evaluation to claim your CME

+ Resize font: + | -

VCU Health Palliative Care ECHO Survey

Please complete the survey below.

Thank you!

Name <small>* must provide value</small>	<input type="text"/>
Credentials (MD, DO, NP, RN, ...) <small>* must provide value</small>	<input type="text"/>
Email Address <small>* must provide value</small>	<input type="text"/>
I attest that I have successfully attended the Virginia Palliative Care ECHO Clinic. <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to make changes based on this presentation? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
What was the quality of the brief lecture? <small>* must provide value</small>	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Neutral <input type="radio"/> Good <input type="radio"/> Excellent reset
What feature of the TeleECHO clinic did you enjoy most? <small>* must provide value</small>	<input type="radio"/> Didactic Presentation <input type="radio"/> Case Presentation <input type="radio"/> Discussions & interactions between hubs and spokes (participants) <input type="radio"/> Other reset
What other palliative related topics would you like addressed?	

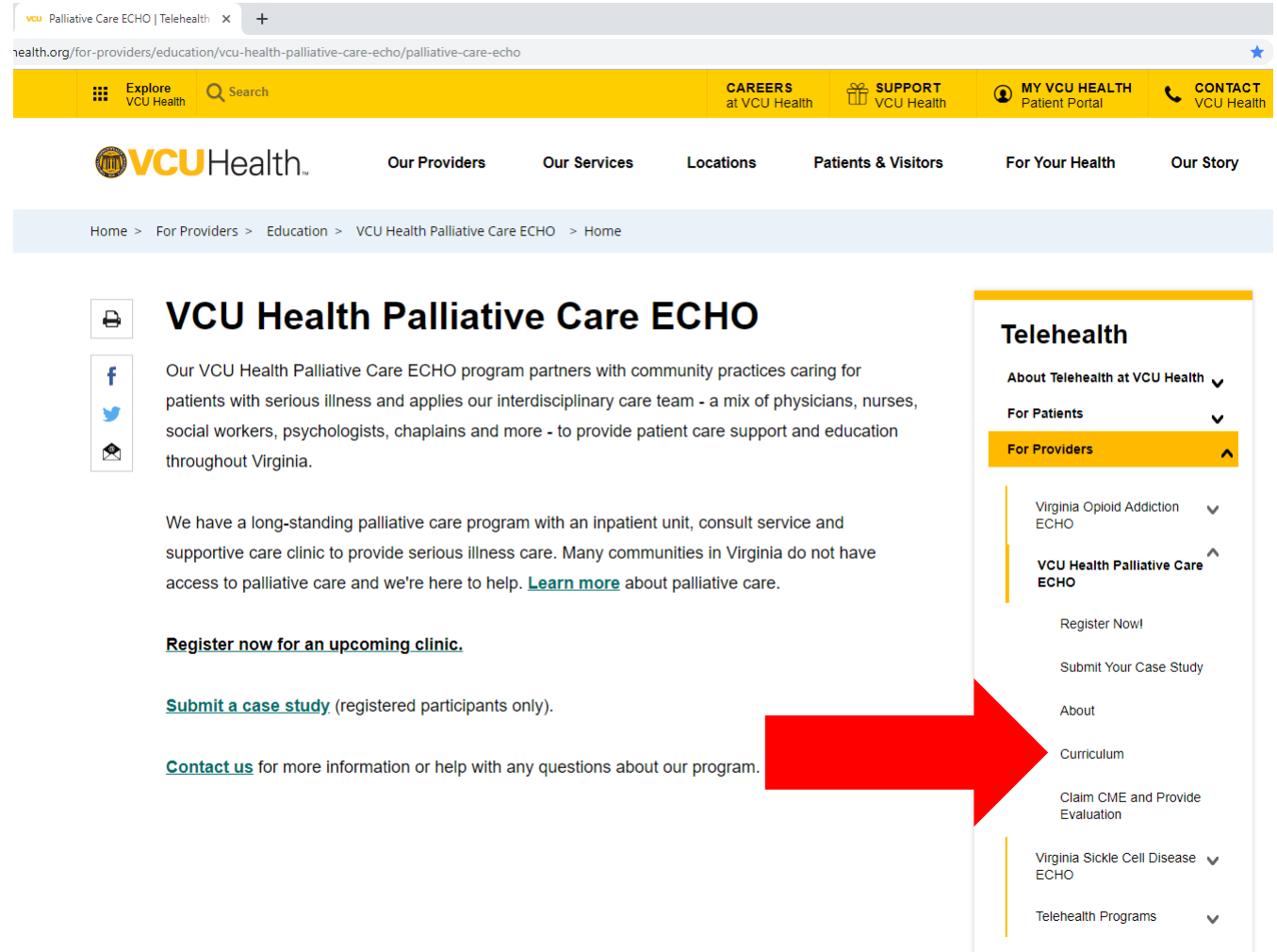


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www.vcuhealth.org/pcecho

Click “Curriculum”



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Topic	Date	Speaker & Resources
Introduction to Palliative and Supportive Care	02/14/19	Danielle Noreika, MD Video of Clinic

Learning Objectives:

1. Define palliative care and differentiate from hospice.
2. Describe reasons for referral to palliative care.
3. Describe basic structure of palliative care team.

Telehealth

About Telehealth at VCU Health ▾

For Patients ▾

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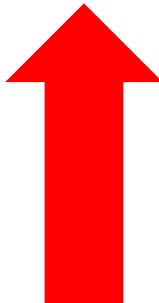
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Introduction to Palliative and Supportive Care

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Date & Location

Wednesday, March 6, 2019, 9:09 AM - Friday, March 7, 2020, 10:09 AM

Target Audience

Hospitalist, Internal Medicine, Multiple Specialties, Gerontology, Social Work

Overview

Online archived sessions include a video, a listing of reading materials and a post-test assessment

Objectives

1. Define palliative care and differentiate from hospice
2. Define palliative care and differentiate from hospice
3. Describe basic structure of palliative care team

THANK YOU!

We hope to see you at our next ECHO

Further reading and additional information

Carmichael AN, Morgan L, Del Fabbro E. Identifying and assessing the risk of opioid abuse in patients with cancer: an integrative review. *Subst Abuse Rehabil*. 2016 Jun 2;7:71-9. <https://doi.org/10.2147/SAR.S85409>
PMC4898427

Del Fabbro E. Assessment and management of chemical coping in patients with cancer. *J Clin Oncol*. 2014 Jun 1;32(16):1734-8.
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Bruera E, Macmillan K, Hanson J, MacDonald RN. The cognitive effects of the administration of narcotic analgesics in patients with cancer pain. *Pain*. 1989 Oct;39(1):13-6.
<https://www.sciencedirect.com/science/article/pii/0304395989901693?via%3Dihub>

Bruera E, Franco JJ, Maltoni M, Watanabe S, Suarez-Almazor M. Changing pattern of agitated impaired mental status in patients with advanced cancer: association with cognitive monitoring hydration, and opioid rotation. *J Pain Symptom Manage*. 1995 May;10(4):287-91.
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Fainsinger RL, Nekolaichuk CL, Lawlor PG, Neumann CM, Hanson J, Vigano A. A multicenter study of the revised Edmonton Staging System for classifying cancer pain in advanced cancer patients. *J Pain Symptom Manage*. 2005 Mar;29(3):224-37.
<https://doi.org/10.1016/j.jpainsymman.2004.05.008>

Fisch MJ, Lee, JW, Weiss M, Wagner LI, Chang VT, Cella D, Manola JB, Minasian LM, McCaskill-Stevens W, Mendoza TR, Cleeland CS. Prospective, observational study of pain and analgesic prescribing in medical oncology outpatients with breast, colorectal, lung, or prostate cancer. *J Clin Oncol*. 2012 Jun 1;30(16):1980-8.
<https://doi.org/10.1200/JCO.2011.39.2381>