

The James



THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

Integrative Non- Pharmacologic Modalities for Chronic Cancer Patients



Creating a cancer-free world. *One person, one discovery at a time.*

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Objectives

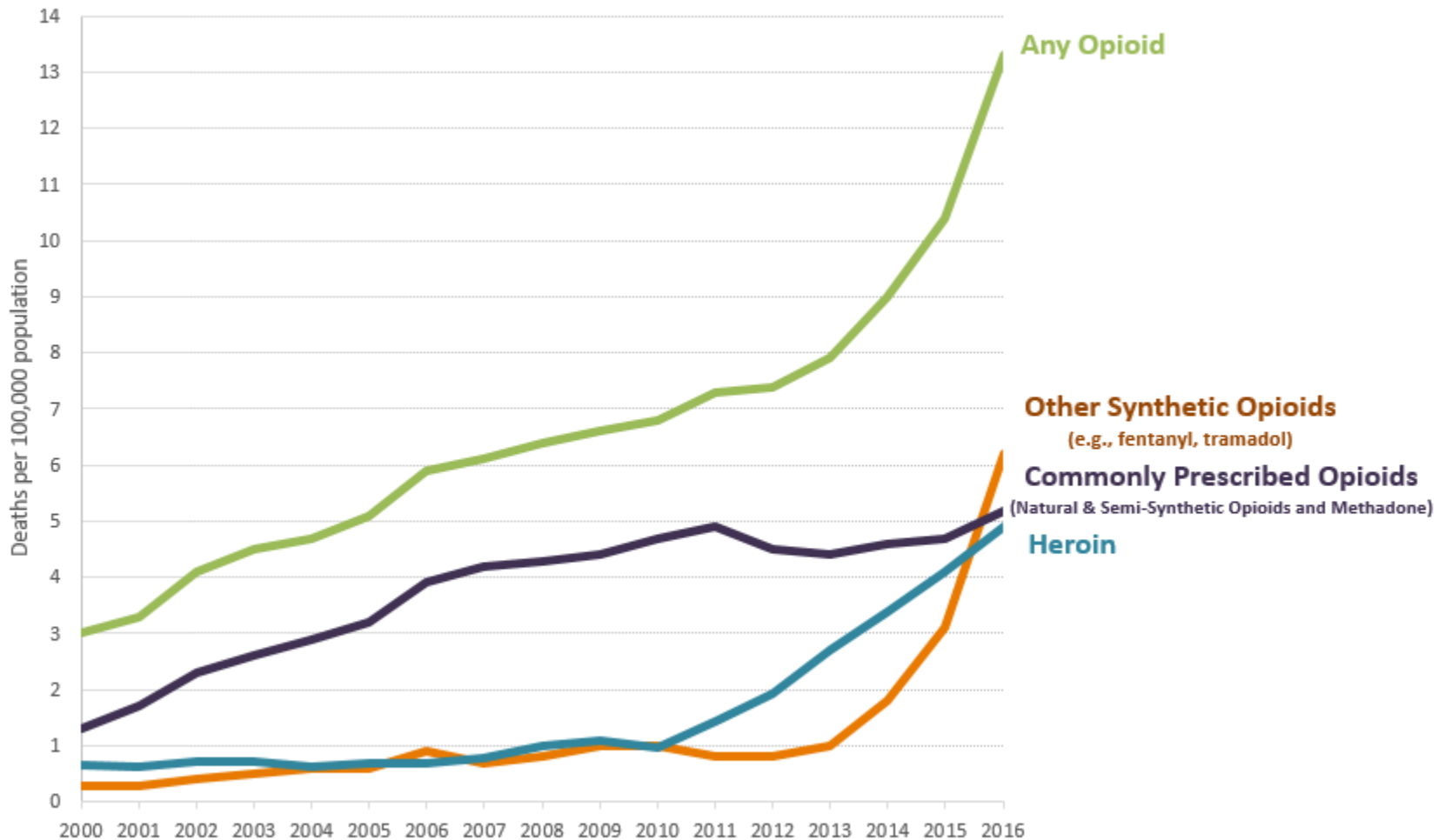
- Brief review of The James OP Palliative Clinic as it dovetailed with the opioid epidemic.
- Review of ASCO Clinical Practice Guidelines Management of Chronic Pain in Adult Survivors of Cancer
- Discuss Non-Pharmacologic Modalities for chronic pain management with cancer survivors.

The James OP Palliative Medicine Clinic

- Conversion in 2005 to Palliative
- Primarily Pain and Symptom management
- Advance Directives and Goals of Care
- 2 Physicians, 2 NPs, 1SW, 1PharmD, 3 RNs, 1PCA, 1Psychologist



Overdose Deaths Involving Opioids, United States, 2000-2016

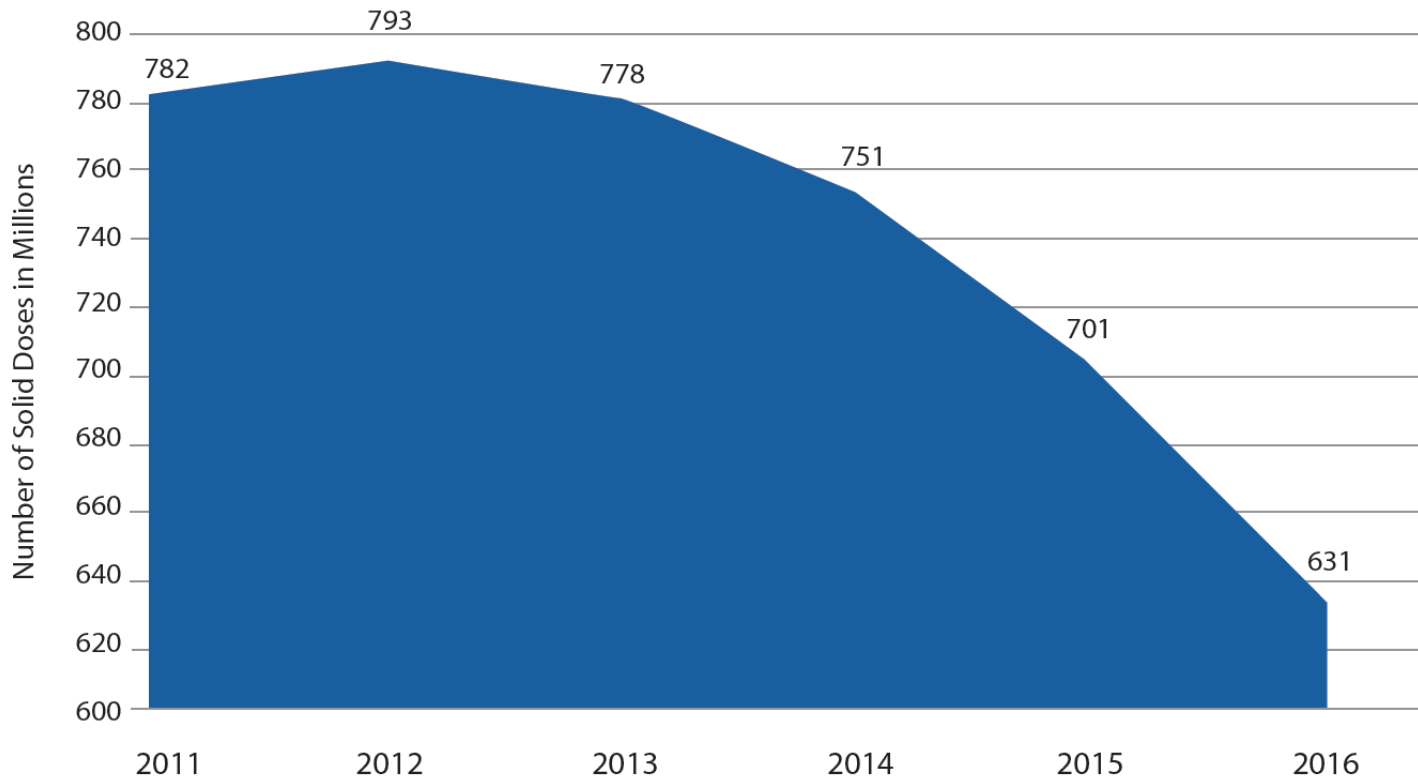


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.



OHIO Opioid Prescribing, 2011-2016

Figure 6. Opioid Solid Doses Dispensed to Ohio Patients, by Year, 2011-2016



Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.

Addiction

- Chronic neurobiologic disease characterized by behaviors of compulsive use, impaired control over use, continued use despite harm, & cravings.
- Impaired function
- Goal to obtain medication to relieve physical effects of craving



Dependence

- State of adaptation; class specific withdrawal symptoms from abrupt discontinuation or reduction in dose or drug blood level
- Wean doses over time
- Physical Dependence does not equate to addiction.

Tolerance

- State of adaptation in which long exposure results in diminution of one or more of the drug's effects
- More common with chronic pain
- Consider opioid induced hyperalgesia (an exaggerated sense of pain)
- Treat:
 - lower opioid doses
 - NMDA receptor trial



ASCO Chronic Pain in Survivors of Adult Cancers

Opioid Risk Assessment

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Paice, J. A., et al., (2016). Management of chronic pain in survivors of adult cancer: American society of clinical oncology clinical practice guideline. *Journal of Clinical Oncology*, 34(27), 3325-3347.

Risk Assessment for Opioid Initiation

- Consider non-pharmacologic therapies alone or in combination with opioids
- Consider non-opioid therapies such as NSAIDs or Acetaminophen or other adjuvant analgesics such as antidepressants, anticonvulsants for neuropathic pain, or topical analgesic compounds
- Consider an Opioid Abuse Risk Screening Tool (ORT)

Universal Precautions for Opioid Use

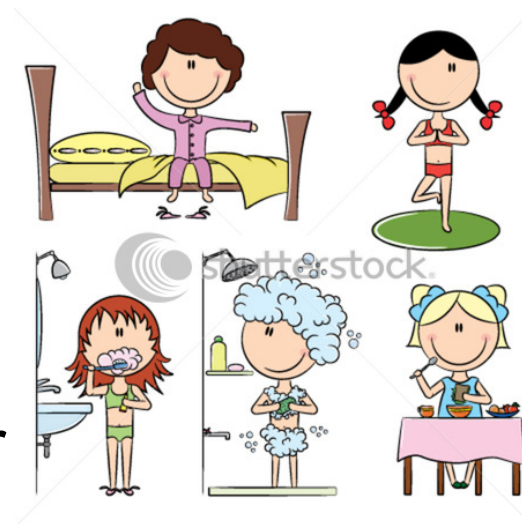
- Review state prescription drug monitoring program (OARRS) for controlled substance use
- Baseline Urine Drug Testing followed by minimally annually and PRN
- Avoid opioids and benzodiazepines concurrently when possible.
- Consider a controlled medication management agreement.

Risk of Opioid Abuse Assessment

- Consider validated screening tool
 - SOAPP-R
 - COMM
 - PDUQ
- Determine Risk Level—Low, Moderate, High
- Decision to prescribe opioids

Minimize Risk

- Optimize adjuvants, non-pharmacologic and interventional modalities, & psychosocial support
- Monitor 5 A's
 - Analgesia
 - Adverse Effects
 - ADLs
 - Affect
 - Aberrant Behavior
- Respond to aberrant behavior



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ASCO Chronic Pain in Survivors of Adult Cancers

Non-Pharmacologic Interventions

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The James OP Palliative Medicine Clinic

- Conversion in 2005 to Palliative
- Primarily Pain and Symptom management
- Advance Directives and Goals of Care
- 3 Physicians, 4 NPs, 1SW, 1PharmD, 5 RNs, 1PCA, 1 PharmTech
- Survivorship Clinic-Oncology PT/OT; PMR; Psychosocial-Oncology; Massage; Acupuncture; Music & Art Therapy
- Integrative Medicine
- FY 2017 4,044 visits
- FY 2018 July-April 4,290 visits



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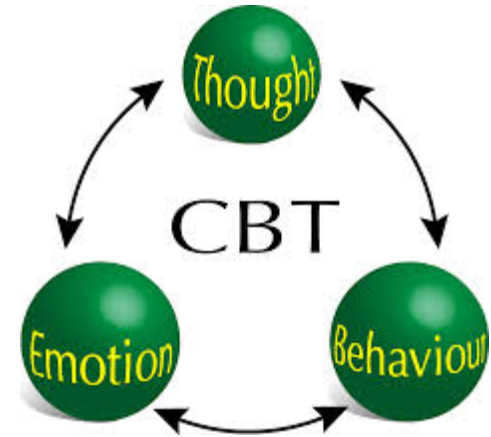
Non-Pharmacologic Modality-PMR/Interventional

- Physical/Occupational Therapy
- Individual Exercise Program
- Nerve blocks
- Neuraxial Infusions (epidural/intrathecal)



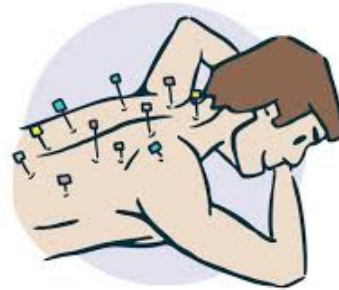
Non-Pharmacologic Modality-Psychological

- Cognitive Behavioral Therapy
- Mindfulness
- Relaxation/Guided Imagery



Non-Pharmacological Modality-Integrative

- Massage
- Acupuncture
- Music
- Yoga



Synthesis Table

Article	Exercise	Acupuncture	Massage	Yoga	Music
<p>Lyman, et al., 2018, SICO CPG, JCO, 36(25), 2647-2655 (A)=high certainty net benefit-substantial; (B)=high to moderate certainty net benefit-moderate to substantial; (C)=selectively offer or provide based on clinical judgment or patient preference</p>		Acupuncture reduce anxiety, mood disturbanc, depression, fatigue, pain, QOL (C)	Massage reduce anxiety (C), mood disturbanc (B)	Yoga reduce anxiety, mood disturbance, depression, QOL (B), fatigue, sleep (C)	Music Therapy reduce anxiety, mood disturbanc (B), pain (C)
<p>Paice, et al., 2016, ASCO CPG, JCO, 34(27), 3325-3347 (MA=meta-analysis,SR=systematic review)</p>	Ex & PT improved pain small significant; improve physical function; rec moderate	Acupuncture improved pain (2MA, 3SR) benefits outweigh harm; rec weak	Massage improved pain (2MA, 3SR); benefits outweigh harm; rec weak		Music pain improve weak; benefit outweighs harm, rec weak

Synthesis Table

Article	Exercise	Acupuncture	Massage	Yoga	Music
Mustian, et al., 2012, Ex Recom, Oncol Hematol Rev, 8(2):81-8	Mod intense aerobic (55-75%MHR or RPE11-14) 10-90m 3-7d/wk; Mod intense resist ex (3d/wk progress to 2-4 sets of 8-15 reps), include stretching; Mindful based (Tai Chi) improve QOL, sleep, reduce stress, improve mm strength, improved cognitive function				
Peppone, et al., 2015, Breast Cancer Res Treat, 150, 597-604,(YOCAS®) BrstCA AI(95) TAM(72) R StdCare vs Std Care w 4wk yoga2x/wk/75m (207-2010)				(breathing, 18 gentle Hatha & restorative postures, meditation) reduce general pain, muscle aches & physical discomfort (measure URCC SI, FACIT-F, MFSI-FS)	
Mustian, et al., 2013, J Clin Oncol 31:3233-3241(YOCAS®)				410 brst ca survivors; improved sleep quality, (measure PSQI)	

Synthesis Table

Article	Exercise	Acupuncture	Massage	Yoga	Music
Hershman, et al., 2018, JAMA, 320(2), 167-176 (11 acad centers, R true acupuncture-110; Sham Acup-59; waitlist control-57)		Post-men women, early Brest Ca, AI arthralgias; 6 & 12 wk BPI-WP score reduced 2 points (av pain) true acupuncture; 1.07 points sham; .99 points waitlist; true vs sham (95%CI, 0.20-1.65; P = .01); True vs waitlist (95% CI, 0.24-1.67; P = .01)			
Shin, et al., 2016, Cochrane			Massage with or without aromatherapy 19 studies, total 1274 participants, very low quality evidence reduce pain, anxiety, improve QOL; uncertain to high risk of bias		

Stretch Break

Yoga



Questions and Answers

