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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.

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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
- 2 Physicians, 2 NPs, 1SW, 1PharmD, 3 RNs, 1PCA, 1Psychologist

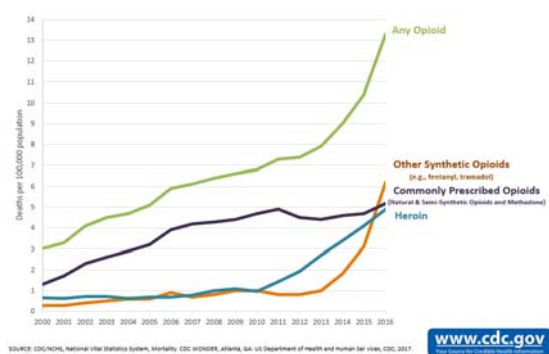


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Overdose Deaths Involving Opioids, United States, 2000-2016

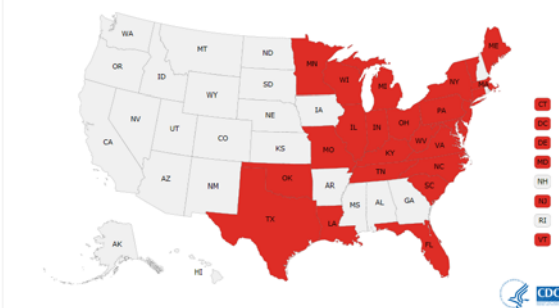


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Statistically significant drug overdose death rate increase from 2015 to 2016, US states



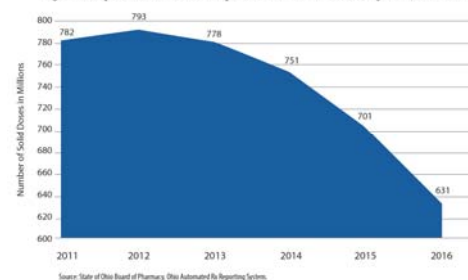
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OHIO Opioid Prescribing, 2011-2016

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



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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



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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.

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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



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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)

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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.

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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



ASCO Chronic Pain in Survivors of Adult Cancers

Non-Pharmacologic Interventions

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



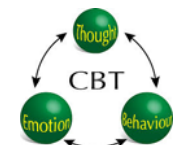
Non-Pharmacologic Modality-PMR/Interventional

- 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



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Synthesis Table

Article	Exercise	Acupuncture	Massage	Yoga	Music
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.		Acupuncture reduce anxiety, mood disturbance, depression, fatigue, pain, QOL (C)	Massage reduce anxiety (C), mood disturbance (B)	Yoga reduce anxiety, mood disturbance, depression, QOL (B), fatigue, sleep (C)	Music Therapy reduce anxiety, mood disturbance (B), pain (C)
Palce, et al., 2016, ASCO CPG, JCO, 34(27), 3325-3347 (N/A-meta-analysis, SR-systematic review)	Ex & PT improved pain small significant; improve physical function; rec moderate	Acupuncture improved pain (ZMA, 35R) benefits outweigh harm; rec weak	Massage improved pain (ZMA, 35R); benefits outweigh harm; rec weak		Music pain improve weak; benefit outweighs harm, rec weak

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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*)	breast cancer			(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 breast cancer survivors; improved sleep quality, (measure PSQI)				

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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-menopausal women, early breast cancer, 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		

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Stretch Break

Yoga



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Questions and Answers



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