David A. Thomas, Ph.D.
Deputy Director,
Division of Clinical Neuroscience and Behavioral Research
National Institute on Drug Abuse

NIH Pain Consortium
Pathways to Prevention:
The Role of Opioids in the Treatment of Chronic Pain

September 29–30, 2014
Original WORKING GROUP MEMBERS
Sept., 2012

Thomas Aigner, NIDA/NIH
Houman Araj, NEI/NIH
Ann Berger, CC/OD/NIH
Catherine Bushnell, NCCAM/NIH
Wen Chen, NIA/ERP/NIH
Richard Denisco, NIDA/NIH
Raymond Dionne, NINR/NIH
John H. Ferguson, NCATS/NIH
Mike Iadarola, NIDCR/NIH
Edward Ivy, NHLBI/NIH
Petra Jacobs, NIDA/NIH
Cheryl Kitt, CSR/NIH
Ann Knebel, NINR/NIH
John Kusiak, NIDCR/NIH
Yu Lin, NIDA/NIH
Susan Maier, OD/NIH
Sue Marden, NINR/NIH
Ann O'Mara, NCI/NIH
Linda Porter, NINDS/NIH
Bridgett Rahim-Williams, NIMHD/NIH
Bob A. Rappaport, CDER/FDA
Wendy Smith, OD/NIH
Michael Steinmetz, NEI/NIH
Michele Straus, NIDA/NIH
David Thomas, NIDA/NIH
Douglas C. Throckmorton, CDER/FDA
James Witter, NIAMS/NIH
Federal Working Group Members
Jan., 2013

Dave Thomas    NIH (NIDA)
Richard Denisco NIH (NIDA)
Wendy Smith    NIH (OD)
John Ferguson  NIH (NCATS)
Basil Eldadah  NIH (NIA)
Ann Berger     NIH (CC)
Ann O’Mara     NIH (NCI)
Melinda Campopiano  SAMSHA
Bob Rappaport  FDA
Robert Kerns   VA
Chris Jones    CDC
Sarah Wattenberg OASH
ODP Working Group Planning Meeting for the Pathways to Prevention Workshop.
August 28–29, 2013

David B. Reuben, MD
Caroline Acker, PhD
Jane C. Ballantyne, MD
Edward C. Covington, MD
Roger Fillingim, PhD
Joseph T. Hanlon, PharmD, MS
Margaret Kotz, DO
Michael von Korff, ScD

Federal Working Group Members
Richard A. Denisco, MD
David A. Thomas, Ph.D
Basil A. Eldadah, MD, PhD
Christopher M. Jones, PharmD, MPH
Elinore F. McCance-Katz, MD, PhD
Ann O'Mara, PhD, RN, FAAN
Bob A. Rappaport, MD
Wendy B. Smith, MA, PhD, BCB

ODP Attendees
David M. Murray, PhD
Paris A. Watson
Wilma Peterman Cross, MD
Jody Engel, MA, RD
Deborah Langer, MPH
Elizabeth Neilson, RN, MS
Jessica Wu, PhD
Richard A. Denisco, MD, MPH
1954-2014
Two connected health crises:

Prescription Opioid Abuse

Pain
Prescription Opioid Abuse!

2011 OD Deaths:
• 16,917 Rx opioid

Sources: National Vital Statistics System, DEA Automation of Reports and Consolidated Orders System, SAMHSA TEDS
For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users
Pain!

- Affects 100 Million Americans
- Indirect/direct medical expenses
  US $560-$630 Billion/year
- #1 reason people out of work
Americans in Chronic Pain!!

Sources: National Vital Statistics System, DEA Automation of Reports and Consolidated Orders System, SAMHSA TEDS
General Topics:

Key Question 1: Patient Population
Key Question 2: Efficacy
Key Question 3: Minimizing Adverse Effects/Curtailing Treatment
Key Question 4: Short and Long-Term Benefits and Harm
Key Question 5: Risks of Addiction
Inform practice now!

Guide future research.
NIH Pain Consortium’s “Centers of Excellence in Pain Education”

David A. Thomas, Ph.D.
NIDA/NIH Pain Consortium
Overall Goal:
Improve pain treatment though education

1) Develop and include pain education in the CoEPEs curriculum
2) Develop online pain education resource on the Pain Consortium website (and others)
3) Dissemination/Evaluation
An Older Adult with Chronic Low Back Pain

“Edna” is a 70 year old woman with chronic low back pain that has gotten worse despite physical therapy and acetaminophen.
**Objective Structured Clinical Examination (OSCE).** Standardized patients were consistent across groups and they were masked to whether students had been exposed to the module.

<table>
<thead>
<tr>
<th></th>
<th>Group 1 (n=28) (not exposed to CLBP module)</th>
<th>Group 2 (n=27) (exposed to CLBP module)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLBP OSCE score (mean, s.d.)</td>
<td>62 ± 8.65</td>
<td>79.5 ± 10.43</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Non CLBP OSCE score (mean, s.d.)</td>
<td>71 ± 4.72</td>
<td>70 ± 4.44</td>
<td>0.23</td>
</tr>
<tr>
<td>Palpitations</td>
<td>84.5 ± 13.1</td>
<td>86 ± 14.9</td>
<td>0.68</td>
</tr>
<tr>
<td>Pediatric ear exam</td>
<td>76.8 ± 13.9</td>
<td>73.3 ± 12.8</td>
<td>0.22</td>
</tr>
<tr>
<td>ACE inhibitor</td>
<td>90 ± 10.9</td>
<td>91.8 ± 8.3</td>
<td>0.48</td>
</tr>
<tr>
<td>Sinus infection</td>
<td>90.2 ± 9.4</td>
<td>93.5 ± 8.7</td>
<td>0.18</td>
</tr>
<tr>
<td>Anticipatory guidance</td>
<td>61.7 ± 20.5</td>
<td>66 ± 17.2</td>
<td>0.40</td>
</tr>
<tr>
<td>Adult abdominal pain</td>
<td>85 ± 15.3</td>
<td>84.8 ± 10.1</td>
<td>0.96</td>
</tr>
<tr>
<td>Pediatric abdominal pain</td>
<td>78.9 ± 12.9</td>
<td>69.8 ± 13.8</td>
<td>0.01</td>
</tr>
<tr>
<td>Hypertension treatment</td>
<td>59.3 ± 10.7</td>
<td>58.2 ± 11.0</td>
<td>0.71</td>
</tr>
<tr>
<td>Pediatric prescription writing</td>
<td>83 ± 12.6</td>
<td>76.8 ± 15.7</td>
<td>0.34</td>
</tr>
</tbody>
</table>

Weiner et al, 2014
Mrs. Farley
Ms. Mondragón
Tylee
Coming this winter.
THE NATIONAL PAIN STRATEGY
A Comprehensive Population Health Level Strategy for Pain