Pain Physician 2016; 19:E1221-E1223 • ISSN 2150-1149

Book Review

Review of *Controlled Substance Management in Chronic Pain: A Balanced Approach*

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Staats PS and Silverman SM, eds. Controlled Substance Management in Chronic Pain. A Balanced Approach. Springer International Publishing, Switzerland, 2016. Print ISBN 978-3-319-30962-0; 978-3-319-30964-4 (Online); 323 pps; eBook price: $69.99

It appears that the medical specialty of pain medicine is a victim of its own success. With the increasing demand for chronic pain management, pain physicians are pressured to prescribe ever-increasing amounts of opioids. However, there is compelling evidence that pervasive opioid availability is driving opioid misuse, diversion, and addiction. As a result, pain physicians are often caught up in the confusion about what is appropriate opioid prescribing.

How is the caring pain physician able to responsibly treat patients in pain without contributing to the opioid addiction problem? The new book edited by Drs. Staats and Silverman provides up to date information and recommendations to help the physician navigate the multifaceted opioid prescribing conundrum and practice safe and effective pain medicine.

The volume provides an in depth examination of the topic in 15 well-written chapters and 6 appendices, which makes it appropriate for the seasoned pain physician and the primary care physician alike. The book begins with an examination of the scope of the pain problem and concludes with exit strategies and alternatives to opioids:

Annotated Table of Contents:

1. **Scope of the Pain Problem**; Chinn et al. Provides a current assessment of the types and prevalence of chronic pain. The challenge is great, and opioids remain a valuable treatment for appropriate patients.
2. **Scope of the Problem**: Intersection of Chronic Pain and Addiction; Trigeiro, et al. Provides an update on the definition of addiction, reviews aberrant behaviors, and describes how physicians can balance the appropriate treatment of pain with concerns about addiction.
3. **Evidence-Based Treatment for Chronic Pain with Opioids**; Li and Staats. Given the premise that opioids are appropriate for select patients in chronic pain using a multidisciplinary approach, despite the lack of long-term robust evidence to support opioid prescribing, the chapter develops a framework to determine when to start opioid therapy, points out the risks inherent in the approach, and provides a review of currently available opioids to consider.
4. **Opioid Pharmacology and Pharmacokinetics**; Trescot. Clinicians should understand the science available for the commonly used opioid formulations. The chapter provides a useful review of clinical characteristics of opioids and important side effects typical of the drug class.
5. **Pharmacogenetics**; Trescot. The chapter examines the genetic influence on drug effectiveness, safety, and side-effects. Ultimately, the genetics of opioid metabolism and mechanisms of action may explain the idiosyn-

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Manuscript received: 09-12-2016
Accepted for publication: 10-05-2016

cratic responses to therapy commonly seen in the clinic, and lead to the realization of personalized pain medicine.

6. **Benzodiazepines, Alcohol, and Stimulant Use in Combination with Opioid Use**; Hobelmann and Clark. Multidrug use in patients prescribed opioids poses a great risk to patients and a difficult challenge to physicians. Clinicians should consider the likelihood of multidrug use and the value of adherence monitoring for their patients.
7. **Marijuana and Cannabinoids for Pain**; Furnish and Wallace. Provides an update on marijuana for pain, the endocannabinoid system, the pharmacology of cannabinoids, and regulatory and legal considerations. Given current data, cannabinoids are unlikely to be a panacea for chronic pain patients, or replace opioids.
8. **Adjuvant Agents in Chronic Pain Therapy**; Pergolizzi. Provides an update on mechanisms of action and effectiveness of adjuvants for chronic pain, including antidepressants, anticonvulsants, and myorelaxants.
9. **Complications of Opioid Therapy**; Aronoff. Provides a detailed review of the myriad problems commonly seen with opioids, including sedation, cognitive effects, constipation, respiratory depression, and organ toxicity. Advises about the necessity of closely monitoring patients prescribed opioids for problems, warns clinicians not to prescribe opioids to patients using marijuana, and emphasizes the importance of monitoring safety for driving and when returning to work.
10. **Risk Mitigation Strategies**; Webster. The chapter discusses risk mitigation tools to follow the effectiveness of opioid therapy and patient adherence to treatment plans. Reviews the newer opioid abuse deterrent formulations (ADFs) approved by the FDA that incorporate naloxone or naltrexone, are resistant to crushing, or use prodrugs that are activated in the GI tract. Clinical monitoring tools are discussed in detail.
11. **Naloxone Treatment of Opioid Overdose**; Silverman and Staats. Patients receiving opioids for pain are at risk of respiratory depression from accidental overdose or concomitant use of alcohol or sedatives. The chapter reviews naloxone pharmacology and newer naloxone preparations for parenteral or intranasal use. The clinician should consider prescribing self-administered preparations of naloxone (auto-injector or intranasal formulations).
12. **From Patient Evaluation to Opioid Overdose Prevention: Ten Steps to Make the Law Work for You and Your Patients**; Bolen. Explores in detail the legal side of opioid prescribing, including what makes a controlled substance prescription valid. The author reminds clinicians that they must be completely familiar with CMS rules and state laws where they practice and understand treatment guidelines and risk reduction strategies. The author provides a detailed checklist to help the clinician perform a self-audit of controlled substance prescribing practices (it is not sufficient to know just the science of opioids). The practitioner must remain current with changing licensing board rules and guidelines.
13. **Treating the Difficult Patient**; Hansen and Holmes. All clinicians treat difficult patients. Through the use of interesting vignettes, the authors show how to improve communication in the office, identify personality disorders that disrupt the clinic, and suggest how to deal with challenging patients, all while reducing risk and conflict.
14. **Controlled Substance Management: Exit Strategies for the Pain Practitioner**; Silverman. All physicians will experience the difficult situation of having to stop therapeutic opioids for pain patients abusing their medications. Discharging problem patients doesn't address the issue and simply transfers the problem to another clinician. All physicians must have risk management strategies in place and an exit plan. It is important to distinguish between misuse and diversion. Options for patients include management of dependence using opioid agonist therapy by an appropriately licensed physician. The chapter explains how this is done.
15. **Alternatives to Opiates in the Management of Non-cancer-related Pain**; Staats, Li, and Silverman. Even though opioids are useful for many patients, opioids are not appropriate for everyone, nor a panacea. This chapter provides treatment strategies when opioids are not appropriate. The chapter discusses cognitive and behavioral approaches and interventional pain management. There are useful alternatives to opioids. It might be helpful to read this chapter first.

Appendices:

A. Link to ASIPP Guidelines for Responsible Opioid Prescribing for Chronic Non-cancer Pain
B. Sample opioid agreement and informed consent

C. Opioid Risk Tool
D. Screener and Opioid Assessment for Patients with Pain – revised (SOAPP®R)
E. McGill Pain Questionnaire
F. CDC Recommendations for Prescribing Opioids for Chronic Pain – United States, 2016

The book is appropriate for all clinicians who write controlled substance prescriptions, particularly opioids, for chronic pain. The busy clinician would do well to find time to read this book cover to cover, and keep it handy in the clinic. All chapters are detailed, with recent references, well-written, and edited. For a quick update on the controversy of opioids and pain medicine, the time-challenged practitioner may wish to read chapters 2, 3, 12, 14, and 15 first.

Opioid prescribing is inherently risky for the patient and clinician alike, and the book will help convince the clinician to balance optimism with a healthy skepticism regarding the usefulness of long-term opioids for chronic pain. The appendix provides valuable references and tools that the clinician should review. This book is recommended for all who treat patients with chronic pain.