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Pain management

Approximately two decades ago, there was significant national and international interest in improving delivery of pharmacotherapy for non-cancer chronic pain. Health professionals responded appropriately, and prescribing of opioids increased substantially. About 10 years ago, abuse of opioids began to accelerate with concomitant increases in emergency room visits, hospital admissions and, unfortunately, overdose deaths. One tragic result is an over-reaction such that some patients properly diagnosed and prescribed opioids may not be able to receive them at all or only in sub-therapeutic amounts. This should not occur, especially at the end-of-life. When opioids are withheld or under prescribed, inadequate analgesia occurs and may become a suicidogen. Who is to blame? Prescribers? Pharmacists? Patients? Pharmaceutical Manufacturers? or Insurance Companies? All are involved to some degree depending upon the target medical condition. Addiction is a serious psychological condition. However, there is nothing inherent in the molecular structures of opioids that will convert a normal, well-adjusted patient with no pre-existing psychological conditions into a drug-seeking opioid addict. Many non-opioid drugs are available for treatment of pain including antidepressants, anticonvulsants, and capsaicin products, as well as acetaminophen and aspirin and related NSAIDs. Non-pharmacologic options for treating chronic pain include biofeedback, osteopathic manipulation, acupuncture and professional counseling for stress reduction. For some patients, strengthening certain muscles may help restore normal function and thus reduce pain. Patients should be properly and adequately treated for pain, especially at the end of life. Otherwise, providing inadequate analgesia can become a suicidogen.

Biography

Frederick J Goldstein, PhD, FCP, is a Medical Scientist, Professor of Clinical Pharmacology, and Coordinator of Pharmacology at the Philadelphia College of Osteopathic Medicine (PCOM). He is on the National Board of Osteopathic Medical Examiners, and has been a writer and consultant for the National Board of Medical Education. He is a member of several national and international clinical pharmacology and pain societies. He serves on editorial boards of various clinical journals including the *Journal of Opioid Management, Journal of the American Osteopathic Association* and *the Journal of Clinical Pharmacology* and routinely reviews papers submitted for publication therein. He has many publications, and also received grants for human studies, including one from the American Osteopathic Association (AOA) to improve post-operative analgesia following abdominal hysterectomy; this study demonstrated that a combination of pre-emptive morphine plus post-surgical osteopathic manipulative treatment improved pain relief in the post-surgical period. He currently has a clinical investigation in progress to improve analgesia in chronic pain patients. He is a member of *Compassion and Choices*, a national organization which advocates the right-to-die for patients within certain conditions; last year he spoke at a meeting of the Philadelphia Chapter. Based upon his clinical knowledge about pain treatment, he created the word *Suicidogen*, and defines it as any factor that causes a person to think about, and possibly commit, suicide. He knows that poor pain management is a *Suicidogen*. Recently, due to the increased USA problem in opioid abuse, overdose and resultant deaths problem, he was given a leadership position at PCOM to enhance medical education in pain management.

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