Opioid and adjuvant analgesic trends in patients visiting the University of Vermont Medical Center for Interventional Pain over the decade from January 1st, 2011, through December 31st, 2021

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In 2016 the CDC published guidelines for the prescription of opioids including when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow up and discontinuation; and assessing the risks and add harms of opioid use. This was in response to the opioid crisis occurring in the United States. Setting a threshold for morphine milligram equivalents was an attempt to limit exposure of patients to harmful doses of opioids in the absence of any benefit to the patient. Individual states, including the State of Vermont, have identified and in many cases implemented changes in order to tackle the opioid crisis. An update from the CDC is expected in 2022 regarding opioid prescriptions for pain.

The University of Vermont Interventional Pain Clinic is uniquely located as a tertiary care center for pain patients residing in the tristate area of New York, Vermont and New Hampshire. In order to review prior and current opioid trends at our pain clinic, we looked at data obtained from EPIC in regard to the percentage of patients presenting to the pain clinic on opioid and other medications over a 10-year period from January 1st 2011 through December 31st 2021. The medications reviewed retrospectively included opioids (all classes), tramadol, adjuvants i.e. Tylenol, ibuprofen, aspirin and gabapentin and antidepressants. Data obtained shows the following trends… 72.6% of patients presented, to Interventional Pain, on opioids in 2011, compared to 44.8% in 2021. The use of Tylenol increased from 30% to 53.5% over the same 10-year period.

Following the release of the 2016 guidelines with MME (morphine milligram equivalent) limits and PDMP (prescription drug monitoring program) checks for aberrant prescription usage, it was hoped that there would be a reduction in the number of opioids prescribed in the community to lessen the risk of opioid use disorder. In the State of Vermont there was a 52% reduction in MME of opioid prescribed from 1st Quarter 2016 to the 4th Quarter 2021. 3.8% of the Vermont population received opioid analgesics in the 4th Quarter 2021; (State of Vermont Department of Health data March 2022).

Our retrospective data set corroborates the results from the State of Vermont showing a 38.2% reduction in patients presenting on opioids to our Interventional Pain Center and a 78.3% increase in patients taking acetaminophen as an analgesic over a 10-year period from 2011 through 2021. No change in the number of patients on antidepressants was noted in this retrospective review. It is hoped with further effort in acute and chronic pain management utilizing opioid sparing methodologies that further reduction in exposure of patients to opioids will be achieved with a resultant further reduction in the prescription opioid death rates in the State of Vermont.

Keywords: Acute, Chronic, Pain, Interventional, Spinal Stimulation, Peripheral Nerve Stimulation, Opioid

Speaker Biography

Naeem Haider is currently working as Division Chief Interventional Pain at the University of Vermont Medical Center. He received his medical degree in 1991 from the University of Peshawar, Khyber Medical College. He then worked at the Cleveland Clinic Foundation, the University of Iowa and University of Michigan serving as Assistant Professor. He was appointed Chief of Anesthesiology at Huron Medical Center. He has authored several publications in various journals and books. His publications reflect his research interests in Acute and Regional Anesthesiology and Interventional Pain Management. Dr. Scientist is serving as a member in the American Society of Anesthesiologists, Vermont Association of Anesthesiologists, American Society of Regional Anesthesiology, International Association for the Study of Pain, American Society of Interventional Pain Physicians and the Spine Intervention..

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Buprenorphine therapy for chronic pain management

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Introduction: Every day in the United States of America over a hundred people die from drug overdoses, mainly caused by opioids. The rates of overdose deaths from opioids have only been increasing and are estimated to have already caused approximately 500,000 deaths since 1999. Several attempts have been made to fight the ongoing opioid epidemic including educating the public, providing state and federal resources, supporting providers with laws and tools to improve prescribing guidelines, along with many other solutions. Buprenorphine has much potential to halt the ongoing opioid epidemic and offers people an alternative pathway to sobriety by blocking withdrawal symptoms, stopping cravings, and providing a manageable course to combat addiction.

Case Report: A 36-year-old Caucasian female, Ms. Elana W. has been a patient of our pain management clinic for many years. Her medical history consists of chronic pain syndrome, cervical disc disorder with myelopathy, Ehlers-Danlos Syndrome, spinal stenosis, along with pain in unspecified joints due to suspected sarcoidosis. She explained that her pain has always been debilitating, leaving her unable to leave her bed on most days of the week. She has been on high doses of opioids for many years without sufficient pain control but with severe unwanted side effects such as drowsiness, dizziness, and nausea. It wasn't until Belbuca was added to her regimen that she was able to begin to function normally and retain control of her life again. The initial difference she encountered was being able to physically get up in the morning and an increase in her energy levels.

In November 2021, Belbuca was added to her regimen and slowly increased up to 900mg tablets. Response has been positive and side effects from previous opioids have decreased. She has been able to take charge of her health and is currently following up with her rheumatologist for evaluation for sarcoidosis. She continues to attend monthly visits at our clinic as well.

Some of the drawbacks experienced by our patient were mainly due to difficulty obtaining the medication in many pharmacies. She explained that it was hard for her to find a reliable vendor due to the limited places that this drug was available at. Additionally, our patient mentioned the price to be very high and it was not possible to receive an extension on a coupon that she had previously received. She remains concerned that she was only given a three-month price reduction and is unsure how she will continue to afford future prescriptions.

Speaker Biography

Kinga Grzybowski completed her Bachelor of Arts at St. John's University in New York City in 2018 at the age of 23 and moved to Poland for Medical School to pursue her dream of becoming a doctor. She has five years of experience as a licensed pharmacy technician, worked as a research assistant in the Anesthesiology department at New York Presbyterian Hospital Queens and presented multiple Psychology posters at conferences throughout the US during her undergraduate years. She currently serves as an executive board member of AMSA at her school and hopes to apply for residency this year.

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Low-grade laryngeal chondrosarcoma in a previously chondroma confirmed patient-case report

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Introduction: Laryngeal chondrosarcoma is a rare malignant tumor belonging to laryngeal cartilaginous tumors, which frequently originate in the cricoid cartilage, followed by thyroid cartilage, epiglottis and arytenoids. The exact number of cases in the world is unknown, because low-grade chondrosarcoma is difficult to differentiate histopathologically from chondroma, and recent studies have shown that they are in close synchronous or metachronous relation.

Methodology: A 59-year-old woman, histopathologically diagnosed with laryngeal chondroma on November 2019, previously operated and relapsed, carrier of tracheal cannula, presented on March 2022 for inspiratory dyspnea, dysphonia, fatigue with progressive evolution and aggravated in the last month affecting the quality of life. A fibroscopic examination is performed resulting in tumoral right larynx blocked in adduction with decreased glottic space and normal appearance of the overlying mucosa. A cervical-centered CT is performed resulting in growth of the right lateral, postero-lateral and posterior laryngeal chondromatosis mass, measuring approximately 4/3.8 cm maximal axial diameters, with visible calcifications and moderate peripheral contrast uptake, generating a progressive aerial path reduction. Total laryngectomy is performed and the pathological piece is sent for histological analysis.

Speaker Biography

Laura vasilescu is a 2nd year ENT resident doctor at the ENT Clinical Department, "Carol Davila" Central Military Emergency University Hospital, Bucharest, Romania. She completed her studies in 2020 at Carol Davila University of Medicine and Pharmacy, Bucharest, Romania.

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Individualized management of acoustic neuroma

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Introduction: Acoustic neuromas are rare tumors of the vestibular nerve. Although they are benign, their location within the internal auditory canal and growth into the cerebellopontine angle result in significant morbidity and even mortality in some cases if left untreated. This location also results in a specific pattern of symptom development, which forms the basis for a modern clinician's ability to accurately diagnose these tumors.

Salient points of This Presentation: In this presentation we will discuss the different modalities of treatment that can be given to patients of acoustic neuroma like observation (wait and scan, surgery {translabyrinthine, retrosigmoid and middle cranial fossa approach}) and radiosurgery-gamma knife surgery/stereotactic surgery depending on age, size of the tumor, status of hearing [based on pure tone audiogram and speech discrimination score] and general conditions of patient. This presentation also aims at describing different surgeries like – enlarged translabyrinthine approach, retrosigmoid approach and the middle cranial fossa approach and describes the rationale for patients for respective surgeries and the candidates in whom hearing can be preserved or can be compromised and also discussing in brief about the approaches meant for hearing preservation surgeries and hearing destructive surgeries. Over and above, we shall discuss indications of radiotherapy in patients of acoustic neuroma.

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Interventional procedures for chronic pain in children with Klippel-Trenaunay Syndrome

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Klippel-Trenaunay syndrome (KTS) is a rare congenital malformation involving blood and lymph vessels and abnormal growth of soft and bone tissue. Typical symptoms include hemangiomas (abnormal benign growths on the skin consisting of masses of blood vessels) and varicose veins. year-old patient with Klippel's Syndrome in treatment since 2017, with pain worsening for 50 days in the lumbar region, EVN10 pain, no relief, nocturnal worsening making it impossible to sleep, band pain, continuous, throbbing. Patient under drug treatment without remission and adequate pain control. It presents asymmetry of limbs with shortening of the lower limb. Complex regional syndrome in the left lower limb with venous malformations, alteration of phaneros, alteration of temperature in relation to the right limb, edema, muscle trophy and bone alterations. We performed the intervention with the aim of diagnosing pain due to adjacent vascular changes and also as a clinical treatment for pain control. Due to the painful condition and vascular alterations, specific material was requested to perform the procedure safely. A new interventional block technique was studied to perform the block in the lumbar region with a specific cannula and microscopy attached to the cannula tip associated with ultrasound, thus avoiding vascular lesions, minimizing risks. An endoscopic ultrasound technique was then performed to block the bilateral lumbosacral plexus, quadratus lumborum and erector spinae. Soon after performed pulsed radiofrequency 42 degrees 120 seconds 2 cycles with the aim of neuromodulation and reduction of inflammatory activity. The procedure lasted one hour, and the patient was discharged within 24 hours with complete remission of pain.

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